

Department Overview

The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Health Department seeks to protect against threats to health, to ensure access to health care for Multnomah County residents, and to promote health.

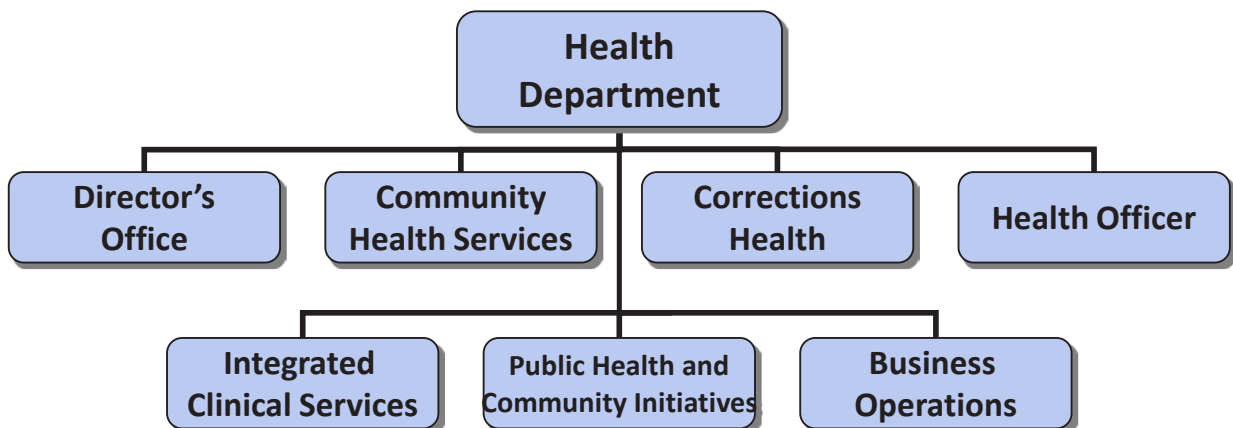
The department is participating in an unprecedented number of partnerships with community based organizations, other health departments and health care organizations to identify health issues and address them from both an individual and community wide perspective.

One of those partnerships is the Healthy Columbia Willamette health needs assessment. This twenty member, two state, four county collaborative is creating a community wide needs assessment required by the Affordable Care Act. The partnership has identified the following three health needs:

- Access to affordable health care,
- Behavioral health focusing on preventing suicide and opiate misuse, and
- Chronic disease focusing on promoting breastfeeding and preventing/ reducing tobacco use.

As the Health Department develops its strategic plan for 2014 -2017, the department will incorporate this work with an emphasis on addressing racial and ethnic health disparities.

The Health Department’s mission, vision and values directly support the Board of County Commissioners’ mission, vision and values statement. Like the broader County, the department prioritizes the health needs of the most vulnerable while promoting and protecting the health of the whole community. The Health Department incorporates the values of social justice, integrity, stewardship, innovation and sustainability into what it does and how it does it.



Budget Overview

The FY 2015 budget for the Health Department is \$167.1 million with 1,001.83 FTE. A little over 57% - over \$96 million - of the budget comes from the County General Fund, with the remaining \$71 million coming from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees.

The FY 2015 budget represents a 1%, or \$1.7 million, increase in total spending over the FY 2014 adopted budget. This is made up of a \$1.5 million, or 1.5%, decrease in the General Fund and a \$3.1 million, or 4.6%, increase in the Federal/State Fund. A significant factor in the decrease in the General Fund and increase in the Federal/State Fund is a change in budgeting for dental services. In the FY 2014 adopted budget, the department anticipated that certain changes in dental services payment methods would result in a shift of payments to the General Fund. However, that shift did not materialize, so the FY 2015 budget moves a portion of the budget for dental services back to the Federal/State Fund.

The FY 2015 FTE have decreased from 1,007.93 in FY 2014 to 1,001.83 in FY 2015, a 0.6% decrease. This is largely related to the Health Department's federal grant application for the Healthy Birth Initiative program; a previous federal grant supported 6.80 FTE in this program in FY 2014. Because the department does not anticipate learning whether it has obtained the new grant until June 2014, the FY 2015 budget does not include the dollars or FTE associated with that program.

The following programs are funded on a one-time-only basis:

- 40008B: Vector-Borne Disease Prevention and Code Enforcement - Replace Vector Boat - \$49,000
- 40032B: Medical Coding ICD 10 Training - \$194,112
- 40050D: Corrections Health MCDC - Hospital Services for Inmates - \$439,000
- 40051E: Corrections Health - Eligibility Screening and Nursing Services - \$210,556
- 40059: Mental Health Pilot - Corrections Health - \$385,820

Budget Trends	FY 2013	FY 2014	FY 2014	FY 2015	
	<u>Actual</u>	<u>Estimate</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
			<u>Budget</u>	<u>Budget</u>	
Staffing FTE	998.22	1,008.34	1,007.93	1,001.83	(6.10)
Personnel Services	\$102,064,948	\$108,266,560	\$111,569,360	\$112,057,865	\$488,505
Contractual Services	15,351,744	14,216,196	16,036,071	14,060,959	(1,975,112)
Materials & Supplies	39,109,158	37,072,757	37,702,361	40,734,199	3,031,838
Capital Outlay	<u>737,085</u>	<u>52,986</u>	<u>93,631</u>	<u>214,475</u>	<u>120,844</u>
Total Costs	\$157,262,935	\$159,608,499	\$165,401,423	\$167,067,498	\$1,666,075

*Does not include cash transfers, contingencies or unappropriated balances.

Successes and Challenges

The department continues to protect the health of the community, respond to emerging needs and provide comprehensive health care services in the state's largest Federally Qualified Health Center. The department continues to serve as a national model in its health policy work and its efforts to address health disparities.

The Health Department, working with its partners from across the County, continues to meet the challenge of health care transformation in Oregon. This transformation requires the department evolve its model of primary care; work with its funders to align funding with new service delivery models; upgrade its technology to enable communication with its partners; and seek integration points between its public health work and integrated health care system. This work requires creative problem solving, innovation and collaboration across a broad spectrum of staff and community partners. After two years of planning, the Affordable Care Act (ACA) expansion of health care coverage has begun and the department will continue to assess demand for services.

In this dynamic environment it has been difficult to predict the impact these changes will have on revenue. In FY 2013, the department fell short of fee revenue estimates. The current fiscal year has also been challenging. The model of care has evolved, but reimbursement methods have been slower to change. Even though very reasonable methods were used to create the FY 2015 revenue projections for Primary Care and Dental, they are very aggressive when compared to current fee income. While achievable, there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Corrections Health services are challenged to meet the needs of a population with multiple risk factors and serious health problems. Although the department continues to struggle with insufficient resources to address mental health issues in the jail, the department now utilizes electronic medical records to follow individuals' care from the community to the jail and out again—facilitating better discharge planning.

The Health Department serves and protects a highly diverse population in Multnomah County. The department is deepening and improving its focus on cultural competency in service planning, community health outreach and services delivery. The department focuses its public health outreach, policy, planning and evaluation work on health disparities and methods for closing the racial gap in health outcomes.

Communities in Multnomah County depend upon the Health Department's regulatory and public health oversight in order to get information about steps to protect their health and to remain healthy. State and Federal resources for these functions continue to remain flat or decline, creating an ongoing fight to maintain these functions at acceptable levels.

Diversity and Equity

The Health Department has long been a leader at the County in cultural diversity work by hiring a diverse workforce, providing cultural competency training for staff, creating language access at service sites and identifying and addressing racial and ethnic health disparities.

- The department was the first in the County to develop a cultural competency/ diversity committee. The Diversity and Quality Team continues to be very active today linking cultural competency with quality service.
- The department adopted uniform standards, practices and policies to eliminate the disparities in health outcomes for different population groups.
- Building Partnerships Across Difference is an intensive experiential training to help all participants understand bias and privilege and commit to work together to end them. The Health Department has offered this training to all staff for many years. This year the department increased/improved the venues and accessibility of BPAD trainings to ensure equitable access to professional development opportunities for all in the department.
- The Reform in Cultural Competence Initiative created a new framework to nurture the department’s staff and volunteers’ ability to deliver quality, culturally competent and appropriate services.
- The department received a grant from the Oregon Health Authority to develop a relevant cultural competence curriculum for both provider and non clinician staff.
- The department initially developed the Equity and Empowerment Lens that is now used across the region to examine equity issues in program and policy decision making. The department continues to train staff as equity facilitators to increase the use of the Equity and Empowerment Lens.

Budget by Division

Division Name	FY 2015 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,286,665	\$0	\$2,286,665	13.00
Community Health Services	19,517,449	19,893,324	39,410,773	244.60
Corrections Health	15,461,963	0	15,461,963	92.30
Health Officer	5,096,415	1,537,381	6,633,796	32.69
Integrated Clinical Services	40,867,004	47,004,311	87,871,315	523.12
Public Health and Community Initiatives	2,978,095	2,559,270	5,537,365	33.77
Business Operations	<u>9,853,121</u>	<u>12,500</u>	<u>9,865,621</u>	<u>62.35</u>
Total Health Department	\$96,060,713	\$71,006,785	\$167,067,498	1,001.83

Director's Office

The Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in Healthy Communities; its mission to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission. The Director's Office leads and is responsible for a Department of more than 1,000 employees with more than \$167 million in State, County and Federally funded programs and services.

The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership. The members of the Department Leadership Team report to the Health Department Director and are responsible for leading the six major Divisions in the Health Department: Business Operations, Community Health Services, Corrections Health, Integrated Clinical Services, Public Health and Community Initiatives and TriCounty Health Officer.

The leadership team is responsible for the provision of quality best practice services; strategic partnerships; leadership and direction for public health issues; stewardship of public resources; continuous improvement of service delivery systems; public health emergency preparedness and maintenance of a diverse qualified workforce with high job satisfaction.

Significant Changes

In FY 2014, Health Transformation continues to be a major focus for the Director's Office. According to the Oregon Health Authority, the purpose of Oregon Health Transformation is, "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral and oral health to free up dollars trapped in an inefficient system, increase focus on prevention and improve care". The Health Department is working across County departments, counties and private organizations such as hospitals to implement this transformation.

Health Transformation and other factors continue to impact the Health Department's revenue picture. The department will continue to take proactive steps to maximize its revenue in order to continue to provide a high volume and quality of care. Health Transformation also impacts Corrections Health services. The department will work with health, mental health and public safety partners to address these changes.

Community Health Services

Community Health Services addresses public health issues through direct services, initiatives, policy interventions, and community partnerships with a focus on health equity, prevention and health promotion.

Communicable Disease Services fulfills the mandate to limit the spread of reportable communicable diseases. The STD/HIV/Hepatitis C Program addresses sexually transmitted disease and those living with the chronic illnesses associated with these infections. Community Epidemiology Services provide epidemiology, informatics, and quality improvement to improve the health and wellbeing of the communities the County serves.

Early Childhood Services and Healthy Birth Initiative work to ensure that basic health and developmental needs of young families and children with special health needs are met. The Women, Infants and Children Program supports breastfeeding and provides developmental screening, referral, and supplemental nutrition to young families.

Environmental Health Services protects the safety of the county by providing health inspections of licensed facilities, controlling vector-borne disease and assuring healthy indoor environments.

Significant Changes

Community Health Services is changing the models for maternal child health services. These changes are designed to ensure a focus on health equity, maintain services to families that are not going to receive services in other ways and ensure that the budget is sustainable. Grant funding for the division's critical work addressing maternal and child health in the African American community is decreasing with increased expectations of numbers of clients served. The division is developing culturally specific approaches for Native American/American Indian communities. Community Health Services is preparing to align its general fund investments in healthy families with the Early Learning Multnomah work focusing on success for children of color. Families tell the division they want more mental health consultation than its models currently provide.

Communicable Disease has seen the number of schools directly supported for the school exclusion program increase dramatically while state funding has not kept pace, resulting in reduced customer service. A new STD grant supports expanded surveillance activities and represents the division's heightened efforts in addressing increased syphilis and gonorrhea rates.

New one-time-only funding will allow the Vector program to replace an aging boat and new ongoing support for Communicable Disease Services will better meet the health needs of the refugee communities. The Health Department will know more about the status of the federal funding request for the Healthy Birth Initiative in the late spring and will return to the Board at that time with an update.

Corrections Health

The Corrections Health program meets mandated standards that assure access to care and safeguards the health of those who are in detention. A wide variety of health care services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center (MCDC) and the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home.

From first entering the jail at booking until being released or transferred to another setting staff provide around-the-clock health evaluation, illness identification and treatment services for over 38,000 adults a year. Over 60% have serious, unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental/behavioral illnesses. Stabilizing health conditions allows detainees to participate in their legal cases, which is their right as a citizen.

At the juvenile facility, licensed nursing staff provide services 16 hours a day, including screening, symptom evaluation and treatment for over 2,000 youth per year. More than 35% of the youth are receiving mental health treatment including medications. Health promotion and sexually transmitted disease (STD) treatment are a focus for the youth to improve their health and lower the rate of STD transmission once they return to the community. Healthy transition from jail to the community is a focus of the division's work.

Significant Changes

Corrections Health continues to implement quality improvement activities including:

- Partnered with the community to coordinate Oregon Health Plan eligibility screening for jail clients newly eligible for Medicaid.
- Continued collaboration with community partners to increase discharge planning for appropriate services for jail clients leaving custody.
- Working with the Sheriff's Office, the Department of Community Justice and the Department of County Human Services, increased coordination and evaluated efficiency of suicide prevention strategies employed at the jails.
- Reduce costs and assure efficiency, quality, and safety of health services within the jail. This includes a new opportunity to decrease outside medical costs for hospitalization because hospitals can now bill to the Oregon Health Plan when eligible inmates are hospitalized for more than 24 hours.
- New one-time-only support will allow Corrections Health to have mental health staff available for 24/7 suicide watch, continue Medicaid eligibility and enrollment work, and provide additional nursing services at the downtown Detention Center.

Health Officer

The Office of the Health Officer provides physician consultation, technical direction and leadership to support public health activities and clinical services in Multnomah County fulfilling a requirement from the Oregon statutes. The Health Officer oversees deputy health officers for Multnomah, Clackamas and Washington counties to improve the consistency and quality of public health service in the Tri-County area and to ensure public health input on regional issues including health reform.

Emergency Medical Services coordinates, regulates, and improves the quality of ambulance and other pre-hospital medical services for people experiencing a medical emergency, and provides physician medical direction to all emergency medical responders in the County.

Public Health and Regional Health System Emergency Preparedness assure the Health Department and the community are prepared to manage the public health aspects of emergencies and that health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.

The Medical Examiner is responsible for establishing the cause and manner of death of county residents who die under special circumstances.

Significant Changes

The Multnomah County deputy health officer's time has been increased in order to provide adequate response to increasingly complex community health needs.

Emergency Medical Services received a portion of a federal health reform grant to employ four Licensed Clinical Social Workers to reduce the number of patients who frequently call 911. Social workers work together with emergency response agencies to identify program candidates, perform assessments, determine and implement strategies to reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs.

Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. Culturally relevant clinical services provided by ICS link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, enabling services and preventive services such as well child health care. Integrating these personal health care services provides clients with continuity of care, improves quality, operational efficiencies, and maximizes opportunities with grants and programs for special populations.

Clinical services are provided in 8 primary care clinic sites. Oral health and prevention services, located at 6 dental sites, provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHC's) provide primary care services to adolescents in the schools and surrounding community.

ICS staff continue work responding to changes required by federal and state health reform. ICS's services and quality improvement efforts (patient centered medical home/quality improvement initiative) align with the framework adopted to improve quality and reduce costs.

Significant Changes

Integrated Clinical Services continues to innovate and refine services to meet the increased need and changing demands of health system reform. This includes monitoring the mix of uninsured and insured patients and implementing strategies to utilize all the clinics' capacity to meet demands for care. Health Center staff worked with both area Coordinated Care Organizations to provide access and health outcome metrics required of person centered medical homes and health transformation. ICS also partnered with community providers to provide expanded access to primary care services.

In May 2014, School Based Health Centers in collaboration with Centennial School District opened a new SBHC at Centennial High School. Staff from the Eastside Teen Clinic transferred to the new site.

Staff worked closely with uninsured clients to assist with their enrollment in the Oregon Health Plan.

New one-time-only money will allow the Health Department to prepare and train providers in the new ICD-10 medical coding requirements.

The Health Department will return to the Board in FY 2015 with an update on dental service demand and a request, at that time, to increase ICS's dental capacity if warranted.

Public Health and Community Initiatives

The Public Health and Community Initiatives Division supports the Health Department by conducting planning, evaluations and community health assessments; mobilizing community partners and sustaining community relationships; identifying and implementing policy and environment change strategies; and pursuing health equity. Public Health and Community Initiatives works with Department leadership to develop and support policy and regulations that result in improved health outcomes for all communities in Multnomah County.

The combination of the core function areas brings together expertise and coordination working upstream to impact chronic disease; violence prevention; provide community health worker training; health assessment; health impact assessment; policy analysis and development; communications; community-based planning; community capacity building; grant development; and program design and evaluation.

Significant Changes

The Public Health and Community Initiatives Division was established to combine already existing Department functions related to community health assessment, planning and evaluation, partnerships, training, and policy development to support and strengthen the overall positive health impact on community health.

Business Operations

Business Operations includes Workforce Development, Human Resources, and Training services for more than 1,000 employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for a \$167 million organization. They are liaisons for the Department with the Department of County Assets and Department of County Management, coordinating the provision of services such as IT, facilities, fleet services and assuring compliance with County policies.

Human Resources and Training's Workforce Development provides guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management issues, management competency, labor contract interpretation, and legal compliance.

Business Services - Accounts Payable, Contracts and Purchasing, Accounting, Financial, and Medical Billing teams, are responsible for collecting and reporting all payments, grant accounting, budget development and monitoring, medical billing and client collection services.

Significant Changes

Human Resources and Workforce Development are responding to changes which require background checks for a larger portion of the Health Department workforce. In addition, the newly adopted Cultural Competence Policy Framework will require additional staff training and support.

Healthcare transformation changes continue to dominate the landscape for Business Services. The department is working closely with the Coordinated Care Organizations, the State of Oregon, and the Centers for Medicare and Medicaid Services (CMS) to anticipate changes that affect fee revenue, including how the department documents and substantiates services to ensure maximum reimbursement is obtained for all medical, dental and specialty services.

The 10th revision of the International Classification of Disease (ICD-10) will happen in late 2015. This change is affecting all medical practices in the United States, changing the way clinicians code and get paid.

Implementation of an alternative payment method for the department's Federally Qualified Health Center (FQHC) services will take place in 2014, requiring new systems and methods for tracking patients and services to ensure the department makes the most of available revenue.

Health Department

The following table shows the programs by division that make up the department's total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Director's Office	\$1,586,178	\$0	\$1,586,178	6.00
40003	Health Department Leadership Team Support	700,487	0	700,487	7.00
Community Health Services					
40007	Health Inspections and Education	3,469,035	92,715	3,561,750	26.05
40008A	Vector-Borne Disease Prevention and Code Enforcement	1,306,458	0	1,306,458	10.00
40008B	Vector-Borne Disease Prevention and Code Enforcement – Replace Vector Boat	49,000	0	49,000	0.00
40009	Vital Records	0	636,830	636,830	5.58
40010A	Communicable Disease Prevention and Control	2,304,256	1,189,294	3,493,549	26.20
40010B	Communicable Disease Prevention and Control – Refugee Health Coordination	56,537	0	56,537	0.50
40011	STD/HIV/Hep C Community Prevention Program	2,733,247	1,761,007	4,494,255	26.68
40012	Services for Persons Living with HIV	603,681	6,426,659	7,030,340	29.30
40014	Immunizations	256,888	311,940	568,828	4.00
40015	Lead Poisoning Prevention	101,176	180,000	281,176	1.40
40018	Women, Infants and Children (WIC)	1,476,867	3,074,222	4,551,089	40.76
40025	Adolescent Health Promotion	342,042	147,074	489,116	4.38
40037	Environmental Health Education, Outreach and Housing	464,855	1,169,774	1,634,629	9.35
40048	Community Epidemiology	630,132	0	630,132	4.50
40054	Nurse Family Partnership	2,092,189	1,547,068	3,639,257	22.12
40055	CaCoon	1,132,472	1,316,632	2,449,104	11.32
40056	Healthy Families	1,203,883	1,616,349	2,820,232	10.23
40057	Future Generations Collaborative	127,127	61,072	188,199	1.00
40058A	Healthy Birth Initiative	1,167,603	362,688	1,530,291	11.23
Corrections Health					
40049	Corrections Health Juvenile Detention	632,054	0	632,054	3.60
40050A	Corrections Health Multnomah County Detention Center (MCDC)	4,038,185	0	4,038,185	23.00
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,322,805	0	2,322,805	13.72

Health Department

fy2015 proposed budget

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Corrections Health (cont.)					
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	2,359,051	0	2,359,051	13.40
40050D	Corrections Health MCDC – Hospital Services for Inmates	439,000	0	439,000	0.00
40051A	Corrections Health Inverness Jail (MCIJ) Clinical Services	2,559,871	0	2,559,871	13.98
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,353,775	0	1,353,775	10.20
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,160,846	0	1,160,846	7.80
40051E	Corrections Health – Eligibility Screening and Nursing Services	210,556	0	210,556	2.40
40059	Mental Health Pilot - Corrections Health	385,820	0	385,820	4.20
Health Officer					
40002	Tri-County Health Officer	332,246	339,000	671,246	2.30
40004	Ambulance Services (EMS)	1,819,074	441,947	2,261,021	9.40
40005	Public Health & Regional Health Systems Emergency Preparedness	49,194	642,223	691,417	3.59
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,800,960	114,211	1,915,171	8.20
40052	Medical Examiner	1,094,941	0	1,094,941	9.20
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	427,249	1,075,970	1,503,219	15.46
40017A	Dental Services	8,893,211	7,822,954	16,716,165	100.34
40019	North Portland Health Clinic	2,210,236	2,190,851	4,401,087	28.00
40020	Northeast Health Clinic	2,867,982	3,229,966	6,097,948	39.20
40022	Mid County Health Clinic	6,690,789	4,801,824	11,492,613	69.90
40023	East County Health Clinic	5,165,289	4,160,513	9,325,802	58.00
40024	School Based Health Centers	3,523,616	2,164,744	5,688,360	36.17
40026	La Clinica de Buena Salud	890,865	1,118,033	2,008,898	11.40
40027	Southeast Health Clinic	1,130,429	2,604,645	3,735,074	20.20
40029	Rockwood Community Health Clinic	2,329,521	2,424,078	4,753,599	30.00
40031	Pharmacy	0	13,902,740	13,902,740	54.05
40032A	Lab and Medical Records	3,263,948	0	3,263,948	26.90
40032B	Medical Coding ICD 10 Training	194,112	0	194,112	0.00
40033	Primary Care and Dental Access and Referral	835,146	265,000	1,100,146	9.60
40034	Quality Assurance	2,193,507	1,242,993	3,436,499	22.60
40036	Community Health Council and Civic Governance	251,104	0	251,104	1.30

Health Department

fy2015 proposed budget

Prog. #	Program Name	FY 2015 General Fund	Other Funds	Total Cost	FTE
Public Health and Community Initiatives					
40035	Health Assessment, Planning and Evaluation	1,515,739	2,036,860	3,552,599	19.24
40038	Health Promotion and Community Capacity Building	672,749	330,000	1,002,749	7.56
40045	Health Equity Initiative (Racial Justice Focus)	452,661	0	452,661	3.40
40047	Public Health Community Initiatives	336,946	192,410	529,356	3.57
Business Operations					
40039	Business Operations- Human Resources and Training	2,630,363	12,500	2,642,863	19.05
40040	Business Operations - Financial Services and Operations	4,081,040	0	4,081,040	30.30
40041	Business Operations - Medical Billing	<u>3,141,718</u>	<u>0</u>	<u>3,141,718</u>	<u>13.00</u>
Total Health Department		\$96,060,713	\$71,006,785	\$167,067,498	1,001.83

Department: Health Department **Program Contact:** Joanne Fuller
Program Offer Type: Administration **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Health Department Director's Office provides leadership for the broad mission of the department including strategic planning, legislative initiatives, integration of department activities, communications, integration with other county departments and health care transformation. The director leads the department leadership team which includes management of both clinical and public health functions.

Program Summary

The director and department leadership team are responsible for integration of health services and operations to provide quality, best practice services; strategic partnerships with a wide range of community organizations; leadership and direction for public health issues and policy; stewardship of finances, facilities and personnel; continuous improvement of service delivery; public health emergency preparedness and support for a diverse and qualified workforce with high job satisfaction.

The Director's Office is responsible for leadership committed to the Health Department's mission, vision, values and strategic objectives. The office is the primary liaison to federal, state, county and local elected officials. The director works with other county departments and community partners to lead the implementation of health care transformation within the County.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Increased access to Health Dept. services as measured by # of clients served.	156,237	168, 925	158,424	160,642
Outcome	Annual Federal and State resources \$ leveraged for services (expressed in millions.)	\$99 mil	\$103 mil	\$96 mil	\$102 mil
Output	# of times MCHD is in local and national news media	39	70	70	70

Performance Measures Descriptions

In FY 13-14, we changed the # of business related/professional all staff dept communication to the # of times MCHD is in the local and national news media. This measure is more meaningful as it highlights internal and external communication efforts and increased visibility. ~700 clients from Westside Health Center were transferred to Central City Concern in FY13.

Legal / Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,127,321	\$0	\$1,151,533	\$0
Contractual Services	\$78,200	\$0	\$59,100	\$0
Materials & Supplies	\$185,852	\$0	\$199,461	\$0
Internal Services	\$174,749	\$0	\$176,084	\$0
Total GF/non-GF	\$1,566,122	\$0	\$1,586,178	\$0
Program Total:	\$1,566,122		\$1,586,178	
Program FTE	6.00	0.00	6.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40000 Health Department Leadership Team

Department: Health Department **Program Contact:** Jennifer Vines
Program Offer Type: Support **Program Offer Stage:** As Proposed

Related Programs:
Program Characteristics:
Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to: (1) Improve the consistency and quality of public health services in the three counties, (2) Increase learning and collaboration across the counties, and (3) Improve the quality, efficiency and effectiveness of Health Officer services, both as a region and for individual counties.

Program Summary

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by three public health physicians to Multnomah, Clackamas and Washington County Health Departments and their respective community partners.

Historically, each of the three counties employed or contracted with an individual to serve as County Health Officer. Through Intergovernmental Agreements (IGA) with Clackamas and Washington county health departments, the TCHO is better able to provide high quality health officer services, and maximize the departments' relatively small amount of public health physician resources more effectively and efficiently. In Multnomah County for example, the TCHO: (1) participates in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and (4) participates in department administration.

The program supports Multnomah County Health Department's goals by providing effective and accountable local public health practice leadership and medical direction that results in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control, and advise county and department staff on individual case management for communicable diseases.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Contract deliverables are met by the end of fiscal year.	90%	90%	90%	90%
Outcome	County stakeholders express satisfaction in program delivery and results.	90%	90%	100%	100%

Performance Measures Descriptions

2) measured by renewal of intergovernmental agreement through FY16. TCHO program staff meet regularly with county health administrators to review service delivery, program satisfaction, and progress on individual workplan items. Contract deliverables for FY15 will be negotiated and finalized by June 30, 2014. These will provide guidance for work priorities and program activities.

Legal / Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide as well as expected outcomes and evaluation measures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$215,131	\$304,090	\$313,525	\$293,212
Contractual Services	\$500	\$0	\$0	\$0
Materials & Supplies	\$1,474	\$6,468	\$2,620	\$5,858
Internal Services	\$21,365	\$39,442	\$16,101	\$39,930
Total GF/non-GF	\$238,470	\$350,000	\$332,246	\$339,000
Program Total:	\$588,470		\$671,246	
Program FTE	0.80	1.50	1.10	1.20

Program Revenues				
Indirect for Dept. Admin	\$22,444	\$0	\$23,090	\$0
Intergovernmental	\$0	\$350,000	\$0	\$339,000
Total Revenue	\$22,444	\$350,000	\$23,090	\$339,000

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. The Tri-County Health Officer is funded by \$339,000 in revenue from Clackamas and Washington counties.

Significant Program Changes

Last Year this program was: 40002 Tri-County Health Officer

Department: Health Department **Program Contact:** Joanne Fuller
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40000
Program Characteristics:

Executive Summary

This program pools administrative support for the Department's senior leadership team under one supervisor so that staff and resources can be efficiently shared.

Program Summary

The Department Leadership Team (DLT) support team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, special projects, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Community Health Services Program Manager Senior and their senior managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

This program offer supports the Health Department Leadership Team's ability to achieve accountability, to manage resources and service delivery costs effectively, to equitably evaluate and streamline delivery of services and County operations, to provide reliable information for decision-making, which improves and reporting results.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	% of projects completed on time with an error rate not to exceed 3%.	90%	92%	92%	92%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	9	9	9

Performance Measures Descriptions

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 8 (on a scale of 1-10).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$538,536	\$0	\$595,001	\$0
Contractual Services	\$60,000	\$0	\$5,000	\$0
Materials & Supplies	\$32,011	\$0	\$29,713	\$0
Internal Services	\$69,546	\$0	\$70,773	\$0
Total GF/non-GF	\$700,093	\$0	\$700,487	\$0
Program Total:	\$700,093		\$700,487	
Program FTE	7.10	0.00	7.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40003 Health Department Leadership Team Support

Department: Health Department **Program Contact:** Darrell Knott
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Emergency Medical Services (EMS) plans, regulates, coordinates, and provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contractor and the fire departments in the County.

Program Summary

The MC EMS Program has five major functions: 1) Management of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.

2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.

3) Establishment of quality standards for EMS services provided to the citizens of Multnomah County. MC EMS uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided to the public.

4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.

5) Coordination of medical first response and medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 9-1-1 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR) Multnomah County.

Additionally, MC EMS coordinates major event planning, medical equipment specifications, liaison and coordination with local hospitals, and emergency medical services disaster response in the county. The Program's visibility within public safety contributes to citizens feeling safe.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Ambulance response times - 8 min. 90% of calls	91%	90%	90%	90%
Outcome	Cardiac arrest survival to hospital	44%	33%	35%	35%

Performance Measures Descriptions

A major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less. Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital.

Legal / Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. It is the County's choice as to how much to invest to achieve this mandate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$766,110	\$449,565	\$776,112	\$418,391
Contractual Services	\$797,914	\$15,000	\$789,779	\$12,600
Materials & Supplies	\$157,550	\$10,080	\$152,558	\$10,956
Internal Services	\$96,036	\$0	\$100,625	\$0
Total GF/non-GF	\$1,817,610	\$474,645	\$1,819,074	\$441,947
Program Total:	\$2,292,255		\$2,261,021	
Program FTE	5.40	4.00	5.40	4.00

Program Revenues				
Fees, Permits & Charges	\$923,191	\$0	\$980,239	\$0
Intergovernmental	\$67,017	\$474,645	\$67,141	\$441,947
Other / Miscellaneous	\$120,000	\$0	\$114,784	\$0
Service Charges	\$707,402	\$0	\$744,552	\$0
Total Revenue	\$1,817,610	\$474,645	\$1,906,716	\$441,947

Explanation of Revenues

Program costs are recovered from licenses, fees and grant funding. The fees are established and collected through revenue agreements with AMR and other jurisdictions in Multnomah County. Total licenses and fees for FY15 are estimated to be \$1,814,614. The County ambulance contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements for EMS providers. The Providence Commons Grant of \$441,947 pays for a social worker outreach program serving frequent callers of 911.

Significant Program Changes

Last Year this program was: 40004 Ambulance Services (EMS)

Department: Health Department **Program Contact:** Jennifer Vines

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed

Related Programs:

Program Characteristics:

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multijurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies.

Program Summary

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts).

Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Trainings provided to Incident Management Team members	0	12	7	12
Outcome	Centers for Disease Control's Technical Assistance review score	97%	99%	99%	99%
Outcome	Improved regional healthcare system emergency response	94%	98%	96%	98%
Quality	Program satisfaction	87%	98%	90%	93%

Performance Measures Descriptions

- 1) Output: Trainings provided to Incident Management Team members
- 2) Outcome: Improved response capability through achieving Centers for Disease Control's capabilities.
- 3) Outcome: Stakeholders express program has improved healthcare system emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

Legal / Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$489,213	\$0	\$505,173
Contractual Services	\$2,000	\$31,221	\$0	\$0
Materials & Supplies	\$8,595	\$5,467	\$0	\$15,037
Internal Services	\$33,862	\$152,999	\$49,194	\$122,013
Total GF/non-GF	\$44,457	\$678,900	\$49,194	\$642,223
Program Total:	\$723,357		\$691,417	
Program FTE	0.00	4.16	0.00	3.59

Program Revenues				
Indirect for Dept. Admin	\$43,070	\$0	\$43,742	\$0
Intergovernmental	\$0	\$678,900	\$0	\$642,223
Total Revenue	\$43,070	\$678,900	\$43,742	\$642,223

Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received through an intergovernmental agreement with Oregon Department of Human Services. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$277,072
 OHA, Health Security, Preparedness, and Response Program: \$365,151

Significant Program Changes

Last Year this program was: 40005 Public Health & Regional Health Systems Emer

Department: Health Department **Program Contact:** Jade Dodge
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40008A, 40037
Program Characteristics:

Executive Summary

This fee-supported program helps protect the public from disease and injury by investigating food and waterborne disease, educating about food safety practices, and performing inspections of over 4,000 licensed facilities. Participation in the FDA Program Standards helps us to align our program with national standards. The inspection program received an outstanding rating in the 2011 triennial review.

Program Summary

This legally mandated program protects the health and safety of the entire community by providing inspections, education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries, as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions. Inspected Facilities: The Health Inspections program has responsibility for assuring the health and safety in 4,246 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive two inspections per year. Swimming pools & spas: The program inspects and licenses 557 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to approximately 60 pool operators each year. Schools, Child and Adult Foster Care Facilities: The program inspects 853 schools, childcare centers, and other service providers to ensure they handle food properly, are clean and are free of health and safety hazards. Small Drinking Water Systems: There are 43 small water systems that are inspected every 3 to 5 years (dependent on the type of system) to ensure they are properly maintained and meet EPA water quality standards. There are also 12 additional systems which we monitor and respond to alerts. Foodborne Illness Outbreaks: Registered Environmental Health Specialists investigate local foodborne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County Environmental Health conducted 18 Foodborne Illness investigations (FBI) in food service facilities in the previous fiscal year. Food Handler Training and Certification: Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 4,135 facilities which can be used in a RoboCalling system. A monthly newsletter/blog has over 2200 subscribers consisting of food operators, regulators, and community members. The program also deals extensively with local media, responding to inquiries regarding inspections, commenting on the risks around FBI investigations and providing information to the public on health and safety concerns.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of licenses issued	6,905	6,610	7,365	8,682
Outcome	Priority & Priority Foundation Violations	6,612	7,224	6,826	8,931
Output	Facility inspections	12,168	14,258	14,880	14,508
Output	Total number certified Food Workers eligible for employment	11,590	12,768	11,538	11,042

Performance Measures Descriptions

- 1) Output: Licenses issued excludes facilities inspected but not licensed (ie. schools, day care centers, etc.)
- 2) Outcome: Priority and Priority Foundation violations are items noted during inspections that can directly affect the health and well being of the consumer, leading to elevated food safety risk and requiring immediate correction.

Legal / Contractual Obligation

Legal mandates are 2009 FDA Food Code, 2012 OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,733,322	\$75,270	\$2,601,301	\$74,017
Contractual Services	\$243,303	\$3,000	\$317,530	\$9,282
Materials & Supplies	\$95,994	\$6,665	\$114,019	\$1,125
Internal Services	\$408,492	\$7,780	\$436,185	\$8,291
Total GF/non-GF	\$3,481,111	\$92,715	\$3,469,035	\$92,715
Program Total:	\$3,573,826		\$3,561,750	
Program FTE	27.02	0.72	25.33	0.72

Program Revenues				
Indirect for Dept. Admin	\$5,946	\$0	\$6,315	\$0
Fees, Permits & Charges	\$3,312,358	\$0	\$3,336,417	\$0
Intergovernmental	\$0	\$92,715	\$0	\$92,715
Total Revenue	\$3,318,304	\$92,715	\$3,342,732	\$92,715

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Health Inspections and Education includes funding from a grant the US Food and Drug Administration for education on food safety.

Fed/State Drinking Water grant: \$22,715

FDA grant: \$70,000

Food Handler fees: \$107,000

Inspection fees: \$3,229,417

Significant Program Changes

Last Year this program was: 40007 Health Inspections and Education

On September 4, 2012, Oregon adopted the 2009 FDA Food Code with 12 new Priority/Priority Foundation rules. The new rules allowed a grace period, which ended July 1, 2013. We expect to see a significant increase in re-inspections due to these new rules in the next fiscal year, given that the grace period has ended.

Changes to the Government Entities exemption in the Oregon Food Sanitation Rules, as a result of Senate Bill 631, implemented January 1, 2014 will have impact on the number of licenses issued.

The Inspections database, FirstStar is being replaced with a new web-based program, Accela. It is expected to be fully implemented by late spring 2014.

Department: Health Department **Program Contact:** Chris Wirth
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40007, 40037
Program Characteristics:

Executive Summary

This program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animal to humans. Climate changes in the NW will increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, proactive control/abatement of rodent and mosquito populations and public education. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Program Summary

Multnomah County’s climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in the County in the 1930’s when malaria was endemic. In 2013, sixteen counties in Oregon reported 109 mosquito-cases of West Nile Virus – an increase since last year. Additionally, the County had a human case which was acquired out-of-state. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless).

Performance Measures Below: 1) Output: Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease.

Performance Measures					
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of acres treated for mosquitoes	3,141	4,200	3,100	3,100
Outcome	Mosquitoes prevented (In billions)	16	21	15	16
Efficiency	Number of acres treated for mosquitoes per FTE	628	840	620	620
Output	Number of rodent inspections conducted	702	850	850	850

Performance Measures Descriptions

Performance Measure Continued...2) Outcome: Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number). 3) Efficiency: Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years’ calculations. 4) Output: On-site inspections stemming from rodent complaints received.

Legal / Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, Indoor Air Quality Act MC 21.500; 6 contractual mandates include grants, contracts, Federal, regional and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$936,528	\$0	\$944,372	\$0
Contractual Services	\$69,000	\$0	\$69,802	\$0
Materials & Supplies	\$92,167	\$0	\$92,821	\$0
Internal Services	\$193,983	\$0	\$199,463	\$0
Total GF/non-GF	\$1,291,678	\$0	\$1,306,458	\$0
Program Total:	\$1,291,678		\$1,306,458	
Program FTE	9.90	0.00	10.00	0.00

Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Service Charges	\$235,166	\$0	\$352,166	\$0
Total Revenue	\$236,666	\$0	\$353,666	\$0

Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund as well as with revenue from intergovernmental agreements with the City of Portland and other local and state jurisdictions.

City of Portland Bureau of Environmental Services: \$224,000

City of Portland specified animal agreement: \$117,000

Agreements with other state/local jurisdictions: \$11,166

Fees from permits and fines: \$1,500

Significant Program Changes

Last Year this program was: 40008 Vector-Borne Disease Prevention and Code Enf

Reduced Current Year Estimate for three mosquito control performance measures reflects reduction of a 0.5 Vector Control Specialist FTE field worker, reduction in Professional Services and materials/supplies capacity to performance aerial mosquito control services. Increased FTE for FY15 reflects additional inclusion of Environmental Health's Health Educator work in Vector Control budget.

Department: Health Department **Program Contact:** Chris Wirth
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40007, 40037
Program Characteristics: One-Time-Only Request

Executive Summary

The Vector Control program is requesting approval of \$49,000.00 for a one-time addition to purchase a replacement boat to be able to continue to provide mosquito control and surveillance services. The program's current boat is nearly 15+ years old and is showing significant wear including some holes to the body causing water leaks and safety issues. This one time offer is not a staff increase but instead replaces an aging, nearly defunct boat for mosquito control and surveillance activities.

Program Summary

All constituents of Multnomah County would be served by a replacement boat allowing Vector Control to continue with their integrated control and surveillance of mosquitoes in areas of mosquito habitat throughout Multnomah County. The direct areas affected would be the large, expansive communities and businesses that are adjacent to the Columbia Slough, Willamette and Columbia River shores and islands including West Hayden Island, Jantzen Beach, and Sauvie Island. Additionally, because adult mosquitoes can travel up to 7 miles, inland areas within their flight range are also served by the control and surveillance of mosquitoes assisted by boat.

Multnomah County's climate supports ideal mosquito and rat habitats. Mosquito control began in the county in the 1930's when malaria was endemic. In 2013, sixteen counties in Oregon reported 109 mosquito-cases of West Nile Virus – an increase since last year. Additionally, the county had a human case that was acquired out-of-state. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

Objectives: Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitats.

Components: Mosquito Control – majority of funds/staffing.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output		0	0	0	0
Outcome		0	0	0	0

Performance Measures Descriptions

This scaled offer will enable the program to achieve performance measures detailed in 40008A.

Legal / Contractual Obligation

N/A

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Capital Outlay	\$0	\$0	\$49,000	\$0
Total GF/non-GF	\$0	\$0	\$49,000	\$0
Program Total:	\$0		\$49,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last Year this program was:

N/A

Department: Health Department **Program Contact:** Jade Dodge
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Vital Records is a legislatively mandated, fee supported program that produces birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed to provide essential public health information that is used to plan prevention and intervention activities for positive health outcomes. An example of an analytical function of vital records is the ability to identify high risk groups for influenza and pneumonia deaths, so that scarce resources (influenza vaccine) can be provided to the people at greatest risk of death.

Program Summary

Birth and Death Certification: Multnomah County is responsible for issuing birth and death certificates within the first six months after the birth or death, and within 24-hours of receipt of a request for certificate. Death certificates can be issued to family members, legal representatives, governmental agencies, or to the person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, brothers/sisters, legal representatives or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

Vital Records assures accurate, timely and confidential registration of birth and death events, minimizing the opportunity for identity theft and assuring accurate record of cause of death; and the identification of parents of the born child.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of birth and death certificates issued	41,147	40,293	40,643	41,037
Outcome		0	0	0	0
Efficiency	Average number of days to issue error free certificate	1	1	1	1

Performance Measures Descriptions

- 1) Certificates issued: Measures program volume.
- 2) Days to issue: Measures rapidity of issuance process. The 24-hour timeframe from receipt to issuance is mandatory.

Legal / Contractual Obligation

Legal mandates are ORS 97, 146, 432; OAR 830 and 333.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$465,332	\$0	\$474,533
Contractual Services	\$0	\$15,845	\$0	\$11,839
Materials & Supplies	\$0	\$18,783	\$0	\$17,584
Internal Services	\$0	\$131,517	\$0	\$132,874
Total GF/non-GF	\$0	\$631,477	\$0	\$636,830
Program Total:	\$631,477		\$636,830	
Program FTE	0.00	5.36	0.00	5.58

Program Revenues				
Indirect for Dept. Admin	\$40,494	\$0	\$43,375	\$0
Fees, Permits & Charges	\$0	\$631,477	\$0	\$636,830
Total Revenue	\$40,494	\$631,477	\$43,375	\$636,830

Explanation of Revenues

This is a fee driven, self-sustaining program and fee revenue for Vital Records in FY2015 is \$636,830.

Significant Program Changes

Last Year this program was: 40009 Vital Records

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40014
Program Characteristics:

Executive Summary

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation and by limiting the spread of these diseases in the population through assuring treatment as needed. We uphold and enforce Oregon state statutes requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli 0157 and anthrax. We respond 24/7 to events of public health importance.

Program Summary

CDS directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. We conduct investigations that find people who have been exposed to serious diseases to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who already have diseases like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens.

Our CDS staff are highly-trained public health nurses, epidemiologists, community health specialists, analysts, and administrative support with knowledge of infectious disease transmission and state reporting rules. We come from many different cultural groups and speak a total of 14 languages. We work closely with other Health Department programs, including Environmental Health and the Office of the Health Officer, and provide educational opportunities to help develop tomorrow's public health professionals. The expertise in our program is essential for supporting the Health Department's Emergency Response Plan and 24/7 response capacity.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Disease report responses	6,017	6,400	6,200	5,800
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100%	100%	100%	100%
Quality	TB patients completing treatment within 12 months	95%	90%	95%	90%

Performance Measures Descriptions

1) Output-All disease reports and suspect case referrals received, processed and responded to. 2) Outcome-Reflects effectiveness of case contact investigation and response to life-threatening diseases. 3) Quality-Measure reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

Legal / Contractual Obligation

ORS Chapters 433, multiple sections

OAR 333-012-0065: Epidemiology and Accident Investigation and Reporting

OAR 333, Division 17, 18 and 19: Disease Control, Disease Reporting, and Investigation and Control of Diseases. OAR 333-026-0030: Civil Penalties for Violations of OAR Chapter 333, Divisions 18 and 19

OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. CDC recs: Immunization of Health-Care Workers, Vol. 46/RR-18; Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Oregon Local Health Department Program Elements PE 01, PE 03, PE 25, PE 43. Oregon Health Services and CLHO BT/CD & TB Assurances

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,205,170	\$644,911	\$1,865,745	\$947,522
Contractual Services	\$0	\$41,108	\$6,125	\$36,891
Materials & Supplies	\$7,654	\$98,240	\$10,408	\$80,410
Internal Services	\$48,896	\$476,019	\$421,977	\$124,471
Total GF/non-GF	\$2,261,720	\$1,260,278	\$2,304,256	\$1,189,294
Program Total:	\$3,521,998		\$3,493,549	
Program FTE	20.77	4.88	18.14	8.06

Program Revenues				
Indirect for Dept. Admin	\$74,066	\$0	\$73,694	\$0
Intergovernmental	\$0	\$1,109,749	\$0	\$1,038,142
Other / Miscellaneous	\$0	\$105,299	\$0	\$107,299
Service Charges	\$0	\$45,230	\$0	\$43,852
Total Revenue	\$74,066	\$1,260,278	\$73,694	\$1,189,293

Explanation of Revenues

The program offers is funded by federal and state grants in addition to patients fees.

Federal and state grants support best practices (e.g., TB evaluations and LTBI treatment support for newly arriving refugees; Hepatitis B screening and Linkage to care for foreign-born residents) and expanded public health surveillance activities (e.g., Metropolitan Area Pertussis Surveillance) that build upon our statutory responsibilities.

State of Oregon LPHA: \$915,890

Medical Fees: \$151,151

Refugee grant, Hepatitis B grant: \$122,252

Significant Program Changes

Last Year this program was: 40010 Communicable Disease Prevention and Control

The complexity of our infectious disease caseload has increased in recent years, with increasing communicable disease cluster investigations and case management for infectious TB patients with multidrug resistant (MDR and XDR) strains of TB. This rapidly changing environment requires a nimble, well-trained staff who can provide consistent leadership in complex investigation and response activities. We are adding a 1.0 FTE Epidemiologist to strengthen case and outbreak investigation capabilities.



Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs: 40022
Program Characteristics:

Executive Summary

Our Health Department partners with refugee service agencies providing newly-arrived refugees a healthy transition to the US. Many refugees arrive with complex health and mental health needs: successfully linking them to on-going services is essential. To meet this need during a massive healthcare system change, requires a Refugee Health Coordinator.

Program Summary

This offer proposes funding for half of a full-time Refugee Health Coordinator to lead Oregon's efforts in providing high quality healthcare and mental health services for newly arriving refugees. High quality health and mental health services are vital for refugees' successful transition to a new life in the United States. Half of this position would be funded through the federal Office of Refugee Resettlement (pass through from state of Oregon), and the remaining 0.5 FTE through this MCHD program offer.

Almost all of Oregon's newly arriving refugees enter through the Portland-metro area. State and federal agreements support our Mid County Clinic in providing initial health screenings, and our Communicable Disease Services in providing TB prevention activities. Roughly three-in-four refugees remain with our County FQHC for on-going care. We partner closely with the State's refugee program, Voluntary Agencies (VolAgs), and other contracted CBOs (e.g., IRCO) to identify and address the impacts of healthcare reform on refugee health services. Overall, our county provides statewide leadership for assuring the often-complex health service needs of newly arrived refugees.

We have worked through the stakeholder Refugee Health Advisory Group to develop a state/county shared Refugee Health Coordinator position in order to assure that complex refugee health needs are met. The work will build from existing state and federal requirements and best practices to provide for new or updated practices. Key to this effort is assuring client care across a complex mix of service providers. This work is profoundly affected by healthcare system reform -- everything from assuring timely insurance coverage given federal requirements to negotiating with payers around the unique mental health services needs of refugees from conflict areas. Our partner organizations and agencies are acutely aware of the role that physical and mental health services play, and use broad-based initiatives to improve refugee transition into local communities. County and community representatives all agree that the complexity of the current situation requires a full-time person to provide leadership in this vital area during a period of immense change.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Gap analysis and QI plan for regional, health-related refugee services	N/A	N/A	N/A	1
Outcome	Improved efficiency of referrals from refugee health screening to specialty care services (TB, MH, etc.)	N/A	N/A	N/A	80%

Performance Measures Descriptions

Output: Gap analysis with plan to address major gaps will be completed, incorporating input from stakeholders participating in the Refugee Health Advisory group (e.g., MCHD, the Oregon Refugee Program, IRCO, and regional voluntary agencies).
Outcome: 80% of refugees screening positive for needing TB or mental health services need will be successfully referred within establish timelines

Legal / Contractual Obligation

RMA, RHA, and related TBD grant program requirements; federal CDC Global Migration and Quarantine and Office of Refugee Resettlement refugee assistance program requirements for newly-arrived refugees.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$51,146	\$0
Materials & Supplies	\$0	\$0	\$3,703	\$0
Internal Services	\$0	\$0	\$1,688	\$0
Total GF/non-GF	\$0	\$0	\$56,537	\$0
Program Total:	\$0		\$56,537	
Program FTE	0.00	0.00	0.50	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

This is a new Program Offer.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40012, 40025
Program Characteristics:

Executive Summary

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents and reduces epidemics, and their consequent toll on individual health by making over 40,000 outreach contacts; by controlling the spread of disease using evidence based prevention interventions and 6,750 clinical STD services for those at highest risk.

Program Summary

Prevention is the key strategy, using culturally specific, evidence-based population focused approaches. Disease spread is reduced by: 1) Partner Services: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) Community Testing: Staff and subcontractors visit bars, jails, internet and other "hookup" sites to test, educate, and promote behavior change. 3) STD Clinic: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality, culturally competent, timely health care. 4) Partnerships: Collaborates with businesses, community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. 5) Harm Reduction Services/Supplies: Syringe Exchange is proven to keep infection rates low among injectors, partners and their infants. Free condoms are distributed to 40 community locations. Overdose prevention supplies significantly reduce drug-related harm/deaths. 6) Behavior Change/Education: Community-based interventions to reduce risky sexual and drug behavior and to promote sexual health and relationship skills and knowledge. 7) Success: strong record of meeting national benchmark performance measures, nationally-recognized for innovation and program coordination, high client satisfaction across all demographics. Because these diseases disproportionately affect racial, ethnic and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. In place for 20+ yrs, this program is demonstrably effective. 8) Cost Effective: Preventing disease saves money over time. Delayed treatment increases disease spread and costly chronic conditions such as AIDS, liver disease, infertility and poor maternal/child health. Untreated, HIV leads to poverty, inability to work or maintain stable housing.

Performance Measures Below: 1. This performance measure quantifies the amount of non-clinical community-based outreach and education work the program provides each year. 2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV. This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of community outreach/health promotion encounters	46,900	40,000	53,000	40,000
Outcome	% of all County gonorrhea/syphilis/HIV cases diagnosed through this program	31%	30%	37%	30%
Quality	% of gonorrhea/syphilis/HIV cases investigated	84%	90%	94%	90%
Quality	# of STD clinical encounters (visit/phone results)	8,121	6,750	7,720	6,750

Performance Measures Descriptions

3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally. If resources don't allow all cases to be investigated, a prioritization algorithm is applied. 4. This measure quantifies the amount of clinical service the program provides each year.

Legal / Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances. CHAT grant requires training youth peer educators through African American houses of faith.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,935,760	\$601,621	\$1,957,080	\$804,510
Contractual Services	\$339,578	\$272,098	\$233,442	\$445,698
Materials & Supplies	\$144,550	\$174,344	\$244,546	\$135,480
Internal Services	\$310,236	\$340,631	\$298,180	\$375,320
Total GF/non-GF	\$2,730,124	\$1,388,694	\$2,733,247	\$1,761,007
Program Total:	\$4,118,818		\$4,494,255	
Program FTE	18.50	6.30	19.02	7.66

Program Revenues				
Indirect for Dept. Admin	\$89,052	\$0	\$113,306	\$0
Intergovernmental	\$0	\$1,196,323	\$0	\$1,538,012
Other / Miscellaneous	\$0	\$18,000	\$0	\$18,000
Service Charges	\$0	\$174,371	\$0	\$204,995
Total Revenue	\$89,052	\$1,388,694	\$113,306	\$1,761,007

Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority. The budget for FY2015 includes the \$65,000 increase for needle exchange added by the Board of County Commissioners in FY2014.

State Local Public Health Authority IGA: \$1,222,566
 CDC STD Surveillance Grant: \$150,000; Medical Fees: \$ 204,995
 HealthShare Wound Care: \$ 97,476; Federal Ryan White: \$37,970
 Cascade AIDS Project: \$18,000; Youth Educator Grant: \$30,000

Significant Program Changes

Last Year this program was: 40011 STD/HIV/Hep C Community Prevention Program

Minor FTE changes include a Medical Tech and a part-time Administrative Analyst both added with new grant funding.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40011, 40025
Program Characteristics:

Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to 2,450 highly vulnerable people living with HIV. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications and the associated costs, and reduced transmission of HIV in the community.

Program Summary

The HIV Clinic serves over 1,100 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. On-site chronic disease self management workshops and peer support are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers. The clinic is an AIDS Education and Training Center site training over 40 doctors, nurses and pharmacists each year.

HIV Care Services Program coordinates a regional 6 county care system that promotes access to high quality HIV services through contracts with health departments and community organizations. HCS funded services include:

Early Intervention: Outreach ensures early identification and treatment.

Care: A coordinated primary care system provides medical, dental, mental health and substance abuse treatment.

Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.

Basic Needs: Housing focuses on building life skills and access to permanent housing.

Health Promotion: Behavioral education provides clients with self-management skills.

Planning: A community-based council does service planning. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2,932	2,450	2,900	2,450
Outcome	% of HCS clients engaged in HIV medical care	88%	90%	91%	90%
Output	# of unduplicated HIV Clinic clients	1,173	1,150	1,200	1,260
Quality	% of HIV clinic clients who do not progress to AIDS	93%	95%	93%	93%

Performance Measures Descriptions

2) Measure changed. "% of clients engaged in HIV medical care" reflects the core function of all the supportive/other clinical services required: to meet the other life needs of the patient in a way that allows him/her to maintain HIV medical care and treatment. 4) Quality: helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease.

Legal / Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) The County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$219,458	\$2,999,157	\$534,693	\$2,781,243
Contractual Services	\$72,801	\$2,638,978	\$1,000	\$2,567,029
Materials & Supplies	\$18,830	\$158,998	\$11,717	\$164,130
Internal Services	\$27,067	\$865,207	\$56,271	\$914,256
Total GF/non-GF	\$338,156	\$6,662,340	\$603,681	\$6,426,659
Program Total:	\$7,000,496		\$7,030,340	
Program FTE	3.15	24.68	5.37	23.93

Program Revenues				
Indirect for Dept. Admin	\$297,653	\$0	\$283,287	\$0
Intergovernmental	\$0	\$5,529,146	\$0	\$5,448,731
Other / Miscellaneous	\$0	\$0	\$0	\$5,000
Beginning Working Capital	\$0	\$75,000	\$0	\$0
Service Charges	\$322,557	\$1,058,194	\$567,792	\$972,928
Total Revenue	\$620,210	\$6,662,340	\$851,079	\$6,426,659

Explanation of Revenues

Services for Persons Living with HIV receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

HIV Clinic Revenue - Federal grants: \$2,538,558; medical fees: \$1,540,720; and state/local revenue contracts: \$119,322
 HIV Care Services Revenue - Federal Ryan White Part A grant: \$2,795,851

Significant Program Changes

Last Year this program was: 40012 Services for Persons Living with HIV

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs in HIV Care Services team resulted in FTE reductions as we reassigned some FTE onto other funding sources to do other public health work. Clinic caseloads continue to be very high, 250- 300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for psychosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.

Department: Health Department **Program Contact:** Amy Sullivan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40010A, 40010B
Program Characteristics:

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by implementing the federally subsidized Vaccines for Children (VFC) Program, providing over 1,100 immunizations and helping 415 schools and childcare facilities comply with state school immunization rules. Our activities contribute to the community's ability to protect children from life-threatening, vaccine-preventable diseases and reduce the costs associated with these diseases.

Program Summary

No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. CIP ensures that the basic disease prevention needs of children are met through several interrelated program components. We assure a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements. We assure access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay. We conduct activities that uphold state mandates related to school immunization laws – including issuing exclusion orders as needed – and assure that all children in certified day care centers, preschools, kindergartens, Head Start Programs and students in private, alternative and public schools are complete or up-to-date on their immunizations.

Increasing activities to uphold state school immunizations law (47% increase in facilities served), combined with decreased Medicaid revenues and minimal state funding increases, have posed a challenge to this program. Specific activities impacted include training facilities on how to report; outreach to new facilities to assure understanding of reporting requirements; facility-level reviews of exclusion reports to assure accurate reporting; a phone hotline to answer parent and facility questions about the school exclusion process; review of individual student letters; timely data entry to meet state reporting deadlines; and provision of off-site vaccine clinics for parents struggling to bring their children up-to-date in the last weeks before the exclusion date.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of immunizations directly provided to keep children in school	1,284	1,400	1,150	300
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100%	100%	100%	100%
Output	Number of schools & other facilities assisted with immunization law requirements	501	390	415	150
Output	Proportion of all vaccine administration data for CDS entered within 14 days of vaccine administration	100%	NA	100%	95%

Performance Measures Descriptions

Output 1: Number of vaccines provided from 1st Fri. in February thru 3rd Fri. in February. (FY2015 decrease due to reduced support for our school immunization law education and enforcement activities). Output 2: Number of certified childcare facilities, kindergartens, and private schools directly assisted from October through March of the previous fiscal year.

Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047

School Immunization - Amended ORS 433.267, 433.273 and 433.284 (operative March 1, 2014); Administrative Rules 333-050-0010 through 333-050-0140; Oregon Revised Statutes 433.235 through 433.284

ALERT Immunization Registry - Administrative Rules 333-049-0010 through 333-049-0130; Oregon Revised Statutes 433.090 through 433.102

Vaccine Education and Prioritization Plan - Oregon Revised Statutes 433.040; Administrative Rules 333-048-0010 through 333-048-0030

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$198,762	\$219,799	\$150,204	\$230,475
Contractual Services	\$6,914	\$15,743	\$4,787	\$15,772
Materials & Supplies	\$15,941	\$34,641	\$7,060	\$28,278
Internal Services	\$40,697	\$85,411	\$94,838	\$37,415
Total GF/non-GF	\$262,314	\$355,594	\$256,888	\$311,940
Program Total:	\$617,908		\$568,828	
Program FTE	2.27	1.63	1.55	2.45

Program Revenues				
Indirect for Dept. Admin	\$22,803	\$0	\$21,247	\$0
Intergovernmental	\$0	\$201,194	\$0	\$200,884
Service Charges	\$0	\$154,400	\$0	\$111,056
Total Revenue	\$22,803	\$355,594	\$21,247	\$311,940

Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund.

Fed/State LPHA Immunization Special Payments: \$200,884

Patient Fees: \$111,056

Significant Program Changes

Last Year this program was: 40014 Immunizations

From 2006-2013, the number of facilities we directly supported for school exclusion increased by 47% while state funding increased 3%; immunizations revenue declined; and county general fund increases did not keep pace with increasing personnel costs. Because of this funding deficit, this offer excludes 1,625 hours of on-call staffing (value, \$48,861) used from October through March each year to support facilities and parents in meeting school exclusion requirements. Potential impacts include decreased customer service for facilities and parents, poor quality of data for understanding vaccine hesitancy and school readiness; and challenged to meet Program Element 43 requirements related to school immunization laws.

Department: Health Department **Program Contact:** Jade Dodge
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40037
Program Characteristics:

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funding. Lead causes brain damage in children, resulting in behavior, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood. In addition, environmental investigations, case management, and advocacy for services and community education/outreach are provided by the program.

Program Summary

Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead and promote safe housing conditions.

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and Oregon Health Authority (OHA) to ensure continuity of care and early intervention for children at risk of lead poisoning. The Lead Program: 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, screening, and reducing home lead hazards; 2) Conducts free lead testing clinics for children and pregnant women to screen for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of 5+ lead levels by an Certified Lead Risk Assessor by conducting an in home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for lead exposure more than 3,000 at risk low-income children in support of improving health equity; 8) Educates contractors and residents about EPA lead-based paint rules, 9) Provides education and outreach to medical providers and community. The Lead Poisoning Prevention Program continues to increase its focus on outreach and education services targeting the most vulnerable populations. This program offer relies largely on grants and contracts.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Total # of children screened by MCHD primary care and immunization providers*	3,259	3,500	3,348	3,348
Outcome	Total # of successfully identified children with EBLLs**	22	40	81	90
Output	Number of Community Members receiving information on lead prevention	10,816	10,000	14,293	17,200
Quality	Percentage of home investigations where lead exposure risk hazards/ factors are identified for lead exposure.	100%	95%	95%	95%

Performance Measures Descriptions

*Children screened: Counts lead screening services provided by Health Department + contractors

**Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening at community test sites or by Multnomah County health care providers .

Legal / Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (interior Walls, Floors, and Ceilings); 29.30.060 (Exterior Walls and Exposed Surfaces); Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$9,598	\$139,490	\$52,779	\$136,011
Contractual Services	\$0	\$0	\$7,000	\$7,000
Materials & Supplies	\$217	\$17,205	\$375	\$15,843
Internal Services	\$37,602	\$23,305	\$41,022	\$21,146
Total GF/non-GF	\$47,417	\$180,000	\$101,176	\$180,000
Program Total:	\$227,417		\$281,176	
Program FTE	0.10	1.20	0.20	1.20

Program Revenues				
Indirect for Dept. Admin	\$11,543	\$0	\$12,261	\$0
Intergovernmental	\$0	\$180,000	\$0	\$180,000
Total Revenue	\$11,543	\$180,000	\$12,261	\$180,000

Explanation of Revenues

Lead Poisoning Prevention is funded in FY2015 by:

City of Portland Leadline grant: \$175,000
 State Leadline grant: \$5,000

Significant Program Changes

Last Year this program was: 40015 Lead Poisoning Prevention

Department: Health Department **Program Contact:** Christy Ward
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: Backfill State/Federal/Grant

Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for state and federally provided Medical and Dental Coverage as well as other forms of assistance. Additionally patients are screened for eligibility to sliding scale fees for services received, if they are unable to obtain coverage otherwise. Last year, more than 13,000 clients were screened and 4,000 children insured.

Program Summary

The Medicaid Enrollment program provides outreach and education efforts which increase the number of clients who complete the OHP enrollment process; access to health care services (particularly for pregnant women and children); and ensures continuity of coverage at re-certification. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services, and addresses the Basic Needs strategy to provide access to care, by securing insurance coverage for eligible individuals.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Annual number of clients screened	13,694	14,000	14,000	14,000
Outcome	Uninsured children in Multnomah County insured through program	3,793	4,000	3,500	4,000

Performance Measures Descriptions

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program.

Legal / Contractual Obligation

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$242,281	\$968,924	\$319,058	\$955,138
Contractual Services	\$0	\$2,800	\$0	\$3,150
Materials & Supplies	\$14,584	\$594	\$3,071	\$11,706
Internal Services	\$31,677	\$176,295	\$105,120	\$105,976
Total GF/non-GF	\$288,542	\$1,148,613	\$427,249	\$1,075,970
Program Total:	\$1,437,155		\$1,503,219	
Program FTE	3.00	11.55	4.00	11.46

Program Revenues				
Indirect for Dept. Admin	\$73,656	\$0	\$73,286	\$0
Intergovernmental	\$0	\$0	\$0	\$39,360
Service Charges	\$0	\$1,148,613	\$0	\$1,036,610
Total Revenue	\$73,656	\$1,148,613	\$73,286	\$1,075,970

Explanation of Revenues

Medicaid/Medicare eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue for FY15 is based on actual expenses from FY2014. DMAP disallows the cost of supervision, office support and interpretation services. General fund provides funding for expenditures not covered by state funding.

DMAP: \$1,036,610
 Outreach & Eligibility grant from CoverOregon: \$39,360

Significant Program Changes

Last Year this program was: 40016 Medicaid/Medicare Eligibility

Department: Health Department **Program Contact:** Len Barozzini
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Dental Services provides County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. Program works with community partners, targeting under-served populations; providing service to nearly 25,000 people in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in the County and provides unique child based services to uninsured and under-insured clients; focuses on access for patients with chronic diseases, children and pregnant women. The program uses evidence based practice guidelines.

Program Summary

The Dental program has three distinct service components. Six dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics include outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The clinical program also focuses on services for pregnant women because recent research indicated that dental hygiene and periodontal services provided during pregnancy may decrease preterm delivery and improves infant health outcomes. The School and Community Oral Health Program provides dental education, fluoride tablets, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-36 months in our clinic setting. For uninsured Multnomah County residents with critical, urgent or specialty dental needs the Dental Access Program (DAP) provides triage and referrals to County dental clinics and private dentists. The Dental program also delivers mandated services within two Corrections Health sites. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Billable patient visits	60,708	65,470	59,601	67,883
Outcome	Percentage patients who complete treatment plan within 12 months	52%	60%	55%	58%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	64%	75%	65%	70%

Performance Measures Descriptions

Billable visits measures access to dental services in County clinics & School Community Dental Program. Intent is to increase access to care for both Medicaid/uninsured clients. % of patients who complete treatment plan within 12 months measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health.

Legal / Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$10,792,711	\$628,257	\$7,553,032	\$3,989,625
Contractual Services	\$402,300	\$172,608	\$4,180	\$690,173
Materials & Supplies	\$226,388	\$778,519	\$311,980	\$675,981
Internal Services	\$1,594,115	\$1,324,243	\$1,024,019	\$2,301,700
Capital Outlay	\$0	\$0	\$0	\$165,475
Total GF/non-GF	\$13,015,514	\$2,903,627	\$8,893,211	\$7,822,954
Program Total:	\$15,919,141		\$16,716,165	
Program FTE	93.55	5.64	56.99	43.35

Program Revenues				
Indirect for Dept. Admin	\$1,007,979	\$0	\$1,115,566	\$0
Intergovernmental	\$0	\$453,830	\$0	\$314,360
Other / Miscellaneous	\$0	\$78,000	\$0	\$475,000
Service Charges	\$12,815,050	\$2,371,797	\$8,555,581	\$7,033,594
Total Revenue	\$13,823,029	\$2,903,627	\$9,671,147	\$7,822,954

Explanation of Revenues

The primary source of revenue is Medicaid funds. Additional revenue is received from the Primary Care 330 federal grant, general fund (to support Billi Odegaard services for the homeless) and patient fees.

Patient and other fees: \$15,589,175
CareOregon: \$475,000
Federal Primary Care Grant: \$314,360

Significant Program Changes

Last Year this program was: 40017 Dental Services

The Dental clinics implemented Electronic Dental Records beginning December 2012, at all clinic sites. Going to an electronic record will help support record sharing between health care providers and improve quality.

Department: Health Department **Program Contact:** David Brown
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves more than 18,000 lower-income pregnant, post-partum and breastfeeding women, infants and children (under age five) per month who have health or nutrition risks. WIC provides individual growth and health assessments, education on nutrition and physical activity, WIC vouchers to purchase nutritious food, breastfeeding education and support and referrals to other preventive health and support services. This offer also includes the Breastfeeding Peer Counseling program.

Program Summary

The WIC Program's mandate is to provide food, nutrition education, growth monitoring and support services to our most vulnerable population – low income pregnant, breastfeeding women, infants and children up to five years of age. In addition to food vouchers, all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by Nutrition Assistants on the current best practices for diet during pregnancy, lactation, infancy and early childhood. Registered Dietitians counsel higher risk clients.

Poor nutrition during the first three years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. Research demonstrates that families on WIC are in overall better health, have less dental related Medicaid costs, have less underweight infants and demonstrate a lower prevalence of anemia than low-income children not on WIC. Four and five year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than those that didn't receive WIC benefits. WIC positively influences the nutrient intakes of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect and WIC participation is associated with increased use of preventative care and improved health status of children.

The WIC Program is one of our primary equity strategies in the Department. Culturally specific services and partnerships with minority organizations are valued. The program acts as a core referral center for other services and has been key in getting more families enrolled for Medicaid and insurance.

A relatively new program offered through WIC, the Breastfeeding Peer Counseling Program, provides breastfeeding and prenatal support and maintains a caseload of over 700 prenatal clients. Since its inception, breastfeeding rates in Multnomah County have increased 1% per year.

WIC served over 30,000 clients last year and provided access to other support services including prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Average number of clients served each month	18,874	19,000	18,311	18,500
Outcome	% of mothers initiating breastfeeding on WIC	91%	89%	92%	92%
Outcome	Show rate for WIC group nutrition education follow-up	62%	69%	61%	63%
Outcome	Children at risk of anemia (2-5 year olds)	13.8%	13.0%	13.6%	13.0%

Performance Measures Descriptions

Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. Outcome: % of mothers who initiated breast feeding after delivery. Outcome: return for education required each six months to continue participation. Outcome: children with lower than recommended hemoglobin levels. This is a new measure for FY13-14. Anemia/low hemoglobin reduces the ability for children to learn.

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants and Children is authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$812,323	\$2,554,141	\$784,665	\$2,648,483
Contractual Services	\$9,755	\$11,532	\$3,950	\$17,675
Materials & Supplies	\$54,225	\$20,055	\$63,336	\$33,989
Internal Services	\$409,243	\$555,103	\$624,916	\$374,075
Total GF/non-GF	\$1,285,546	\$3,140,831	\$1,476,867	\$3,074,222
Program Total:	\$4,426,377		\$4,551,089	
Program FTE	8.20	33.06	6.71	34.05

Program Revenues				
Indirect for Dept. Admin	\$201,409	\$0	\$209,389	\$0
Intergovernmental	\$0	\$3,140,831	\$0	\$3,074,222
Total Revenue	\$201,409	\$3,140,831	\$209,389	\$3,074,222

Explanation of Revenues

The Women, Infants and Children program's revenue is federal funds included in the intergovernmental revenue agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with county general fund. The WIC Program has seen a significant increase in pregnant women requiring WIC services. County general funds assist the WIC Program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program.

State LPHA: \$3,074,222

Significant Program Changes

Last Year this program was: 40018 Women, Infants and Children (WIC)

Department: Health Department **Program Contact:** Courtney Craigan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care. The clinic provides more than 18,000 visits a year.

Program Summary

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of which 70% are below 100% of the Federal Poverty level. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	15,897	18,234	16,068	18,793
Outcome	% of children who are up to date on immunizations at 24 months of age	78%	85%	78%	85%
Efficiency	Number of days for a new patient appointment	7	2	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	62%	70%	59%	70%

Performance Measures Descriptions

% of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey asks if patients would recommend this clinic to family/friends.

Legal / Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements and CareOregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,724,185	\$1,363,707	\$1,925,634	\$1,222,309
Contractual Services	\$0	\$48,036	\$0	\$48,581
Materials & Supplies	\$20,295	\$120,711	\$22,529	\$134,546
Internal Services	\$199,584	\$764,029	\$262,072	\$785,416
Total GF/non-GF	\$1,944,064	\$2,296,483	\$2,210,236	\$2,190,851
Program Total:	\$4,240,547		\$4,401,087	
Program FTE	20.70	7.60	22.00	6.00

Program Revenues				
Indirect for Dept. Admin	\$268,188	\$0	\$297,677	\$0
Intergovernmental	\$0	\$903,696	\$0	\$739,577
Service Charges	\$1,885,726	\$1,392,787	\$2,191,581	\$1,451,274
Total Revenue	\$2,153,914	\$2,296,483	\$2,489,258	\$2,190,851

Explanation of Revenues

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,630,855

Federal Primary Care grant: \$658,118

State Family Planning grant: \$45,180

State Maternal & Child Health grant: \$36,279

Significant Program Changes

Last Year this program was: 40019A North Portland Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Michael Crocker

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed

Related Programs:
Program Characteristics:
Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care. This clinic provides more than 27,000 visits a year.

Program Summary

Northeast Health Clinic primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic serves a culturally diverse population of which 75% are below 100% of the Federal Poverty level. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

This clinic has expanded hours from 8:00am-5:00pm to 8:00am-7:00pm Monday through Friday, in order to better meet the access needs and demands of the community and patients that they serve.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	23,819	27,132	25,168	24,938
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	80%	85%	82%	85%
Efficiency	Number of days for a new patient appointment	6	6	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	61%	70%	68%	70%

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

Legal / Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,662,111	\$1,858,350	\$2,481,078	\$1,981,747
Contractual Services	\$0	\$143,128	\$95,606	\$2,000
Materials & Supplies	\$66,230	\$172,756	\$12,317	\$192,430
Internal Services	\$297,357	\$897,046	\$278,981	\$1,053,790
Total GF/non-GF	\$3,025,698	\$3,071,280	\$2,867,982	\$3,229,966
Program Total:	\$6,096,978		\$6,097,948	
Program FTE	16.20	23.40	29.70	9.50

Program Revenues				
Indirect for Dept. Admin	\$387,016	\$0	\$414,417	\$0
Intergovernmental	\$0	\$986,432	\$0	\$1,290,595
Service Charges	\$2,963,957	\$2,084,848	\$2,854,436	\$1,939,371
Total Revenue	\$3,350,973	\$3,071,280	\$3,268,853	\$3,229,966

Explanation of Revenues

Northeast Health Clinic is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$4,793,807

Federal Primary Care grant: \$1,150,456

State Family Planning grant: \$77,725

State Maternal & Child Health grant: \$62,414

Significant Program Changes

Last Year this program was: 40020 Northeast Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Deborah Cockrell
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and underinsured members of the community. The clinic provides more than 46,000 visits a year.

Program Summary

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	43,078	46,290	42,000	43,153
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	83%	85%	22%	85%
Efficiency	Number of days for a new patient appointment	6	2	8	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	69%	70%	68%	70%

Performance Measures Descriptions

Output: Total number of client visits.

Outcome: % of children who are immunized at 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for under-served Multnomah County residents to access health care services.

Legal / Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. MCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$5,119,540	\$2,968,510	\$5,713,682	\$2,127,882
Contractual Services	\$0	\$529,917	\$0	\$464,027
Materials & Supplies	\$36,991	\$540,133	\$408,359	\$461,298
Internal Services	\$558,914	\$1,683,870	\$568,748	\$1,748,617
Total GF/non-GF	\$5,715,445	\$5,722,430	\$6,690,789	\$4,801,824
Program Total:	\$11,437,875		\$11,492,613	
Program FTE	36.30	32.70	61.80	8.10

Program Revenues				
Indirect for Dept. Admin	\$727,914	\$0	\$755,887	\$0
Intergovernmental	\$0	\$1,320,827	\$0	\$380,832
Service Charges	\$5,628,867	\$4,401,603	\$6,296,008	\$4,420,992
Total Revenue	\$6,356,781	\$5,722,430	\$7,051,895	\$4,801,824

Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), county general fund, and medical fees.

Medical Fees: \$10,258,192

State Refugee Screening grant: \$458,808

Federal Primary Care grant: \$225,587

State Family Planning grant: \$86,103

State Maternal & Child Health grant: \$69,142

Significant Program Changes

Last Year this program was: 40022 Mid County Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Lynne Wiley
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from comprehensive healthcare services because of where they live, the language they speak and their higher level of complex healthcare needs. The clinic provides more than 37,000 visits a year.

Program Summary

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally appropriate primary care services are provided and include: treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population, 80% whose incomes are below 100% of the Federal Poverty Level. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	36,641	37,626	35,892	38,384
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	89%	85%	91%	85%
Efficiency	Number of days for a new patient appointment	7	7	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	59%	70%	60%	70%

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

Legal / Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$3,760,251	\$2,396,319	\$4,311,184	\$1,918,576
Contractual Services	\$0	\$197,490	\$0	\$159,821
Materials & Supplies	\$85,840	\$275,591	\$427,382	\$310,035
Internal Services	\$388,852	\$1,586,106	\$426,723	\$1,772,081
Total GF/non-GF	\$4,234,943	\$4,455,506	\$5,165,289	\$4,160,513
Program Total:	\$8,690,449		\$9,325,802	
Program FTE	25.40	31.00	46.40	11.60

Program Revenues				
Indirect for Dept. Admin	\$551,948	\$0	\$608,305	\$0
Intergovernmental	\$0	\$1,179,771	\$0	\$718,429
Service Charges	\$4,151,731	\$3,275,735	\$4,770,508	\$3,442,084
Total Revenue	\$4,703,679	\$4,455,506	\$5,378,813	\$4,160,513

Explanation of Revenues

East County Health Clinic is supported by Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$8,212,592

Federal Primary Care grant: \$562,941

State Family Planning grant: \$86,238

State Maternal & Child Health grant: \$69,250

Significant Program Changes

Last Year this program was: 40023 East County Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Jill Daniels
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The School-Based Health Center (SBHC) program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth at 13 school based health centers. Without this safety net many school-aged youth would not receive necessary health care.

Program Summary

The School-Based and School-Linked sites provide critical points of access to health care regardless of insurance status. SBHC's contribute to learning readiness through optimizing the learning environment by linking health and education for student success in school and life. This is achieved through partnerships with schools, families, healthcare providers and community agencies.

The SBHC program operates 13 fully equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. This program assures access to care by providing service ties beyond regular school times, with multiple sites open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

During FY2015, the school linked clinic will move services to Centennial High School to continue to better serve our east county residents.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	% of patients with three or more visits with a risk assessment in the last year	42%	75%	52%	60%
Outcome	% of patients with persistent asthma prescribed appropriate medications	90%	83%	86%	83%
Quality	% of patients who would "strongly agree" to recommend to family and friends	70%	80%	70%	70%

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

Legal / Contractual Obligation

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$3,147,871	\$776,310	\$3,049,660	\$968,943
Contractual Services	\$14,272	\$431,011	\$11,599	\$25,375
Materials & Supplies	\$131,041	\$370,904	\$136,839	\$424,877
Internal Services	\$501,673	\$586,386	\$325,518	\$745,549
Capital Outlay	\$0	\$93,631	\$0	\$0
Total GF/non-GF	\$3,794,857	\$2,258,242	\$3,523,616	\$2,164,744
Program Total:	\$6,053,099		\$5,688,360	
Program FTE	26.66	8.13	26.66	9.51

Program Revenues				
Indirect for Dept. Admin	\$241,654	\$0	\$265,124	\$0
Intergovernmental	\$0	\$1,284,835	\$0	\$982,556
Other / Miscellaneous	\$0	\$0	\$0	\$159,140
Service Charges	\$2,010,165	\$973,407	\$1,727,766	\$1,023,048
Total Revenue	\$2,251,819	\$2,258,242	\$1,992,890	\$2,164,744

Explanation of Revenues

SBHCs are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients. Additionally Kaiser Permanente and SBHC's entered into an agreement to provide payment for the 500+ Medicaid and commercially insured Kaiser members seen in the SBHCs. This agreement has been under negotiation for years and represents one of the first of its kind for Kaiser Permanente.

Medical Fees: \$2,750,814; State SBHC grant: \$689,720; Federal Primary Care grant: \$212,835; Providence Outreach grant: \$159,140; State Family Planning grant: \$80,001

Significant Program Changes

Last Year this program was: 40024 School Based Health Centers

The SBHC program was awarded a \$500,000 HRSA grant in FY14, for capital expenditures for the renovation of a clinic inside Centennial High School. This renovation project will enable the SBHC to begin providing the first school-based health services in the Centennial area and East county. The project is expected to be completed in the spring of 2014, and it is expected to provide services to about 600 school-aged youth annually. The FY15 operating budget is similar to FY14, FY14 is higher because of the capital grant. In FY15, State funding was increased by an additional \$12,000 per year/per SBHC site.

A part-time Program Coordinator, Health Educator and a full-time Office Assistant were added to FY15.

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40011, 40012
Program Characteristics: Measure 5 Education

Executive Summary

The Adolescent Health Program implements community- and school-based parent and youth education and teacher training for more than 5,000 participants, designed to address key health disparities among adolescents, including teen pregnancy, educational attainment, sexually transmitted infections, and other health concerns.

Program Summary

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinas, American Indians, and African Americans when compared to the county as a whole. A recent study of dropout rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state, with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates. Furthermore, STD rates are highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and gay youth. The Adolescent Health Program provides a core public health function by addressing serious disparities affecting the county's young people of color.

This program works to reduce teen pregnancy, delay the onset of sexual activity, and strengthen healthy relationship and sexuality skills of adolescents. Program components are responsive to community concerns, emphasize prevention, and use culturally specific, evidence based, population focused approaches. Program components include youth education and skill building, community services, and teacher training. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Educators also train youth in peer sexuality education. Sites include public and alternative high schools, SUN programs, public housing units, congregations, and other community sites. Community services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents, foster parents, and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Teacher training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including co-teaching, training, and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of participants in educational sessions/training	5,664	4,000	5,690	5,000
Outcome	Percent of participants demonstrating increased knowledge	90%	80%	90%	80%
Quality	% of participants utilizing skills to increase parent to youth communication	75%	80%	80%	80%

Performance Measures Descriptions

- 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills, of those participants who completed a full evaluation survey.
- 3) Quality: The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

Legal / Contractual Obligation

NW Family Services' (NWFS) contract requires 3,600 youth served with 6-8 hours of healthy relationship curriculum each, primarily through High School settings. Latina Teen Pregnancy Prevention Grant requires 250 youth served with a 6 hours curriculum.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$230,525	\$341,655	\$264,691	\$131,834
Materials & Supplies	\$17,125	\$1,096	\$16,187	\$1,122
Internal Services	\$51,107	\$53,455	\$61,165	\$14,118
Total GF/non-GF	\$298,757	\$396,206	\$342,042	\$147,074
Program Total:	\$694,963		\$489,116	
Program FTE	2.25	3.15	2.73	1.65

Program Revenues				
Indirect for Dept. Admin	\$25,407	\$0	\$10,018	\$0
Intergovernmental	\$0	\$396,206	\$0	\$147,073
Total Revenue	\$25,407	\$396,206	\$10,018	\$147,073

Explanation of Revenues

Healthy Relationships grant ends 9/30/2014. If federal government decides to fund a new three year grant cycle, Northwest Family Services (NWFS) will compete for it and continue our subcontract, if awarded. FTE were reduced along with the grant revenue.

Fed/State Latina Teen Pregnancy Prevention grant: \$89,126
 State My Future-My Choice curriculum grant: \$30,000
 Northwest Family Services grant: \$27,947

Significant Program Changes

Last Year this program was: 40025 Adolescent Health Promotion

Only partial year grant funding included in this budget. If the grant is awarded again this fall it will be added back as a budget modification.

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed

Related Programs:
Program Characteristics:
Executive Summary

La Clinica de Buena Salud (The Clinic of Good Health), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the under and uninsured residents of the NE Portland, Cully Neighborhood. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care and vital services to a population that otherwise may not have access to medical care. The clinic provides more than 6,800 visits a year.

Program Summary

La Clinica provides culturally appropriate, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Eighty percent are at or below 100% Federal Poverty Level (FLP). La Clinica health and social services team includes: primary, preventive and urgent health care behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. This program supports many of the basic living needs priorities. Of those receiving health services, 32% have no insurance. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	6,649	6,863	7,137	7,262
Outcome	% of children who are up to date on immunizations at 24 months of age	88%	85%	92%	85%
Efficiency	Number of days for a new patient appointment	6	7	5	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	56%	75%	62%	70%

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

Legal / Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$632,504	\$617,472	\$769,721	\$596,227
Contractual Services	\$6,711	\$17,048	\$100	\$25,863
Materials & Supplies	\$4,648	\$77,748	\$14,871	\$58,176
Internal Services	\$107,065	\$355,318	\$106,173	\$437,767
Total GF/non-GF	\$750,928	\$1,067,586	\$890,865	\$1,118,033
Program Total:	\$1,818,514		\$2,008,898	
Program FTE	4.40	6.80	4.50	6.90

Program Revenues				
Indirect for Dept. Admin	\$113,751	\$0	\$135,502	\$0
Intergovernmental	\$0	\$561,967	\$0	\$650,073
Service Charges	\$706,280	\$505,619	\$871,386	\$467,960
Total Revenue	\$820,031	\$1,067,586	\$1,006,888	\$1,118,033

Explanation of Revenues

La Clinica de Buena Salud is supported by a Federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$1,339,346

Federal Primary Care/Homeless grant: \$600,043

State Family Planning grant: \$27,748; State Maternal & Child Health grant: \$22,282

Significant Program Changes

Last Year this program was: 40026 La Clinica de Buena Salud

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Deborah Curley
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Southeast Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or under-insured and otherwise might not have access to healthcare. Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. The clinic provides more than 10,000 visits a year.

Program Summary

The Southeast Primary Care clinic is located in the Southeast Health Center (34th/Powell). Dental services are provided at this site. The clinic provides comprehensive, culturally appropriate primary care services which include treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a medical home for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	1,931	11,000	10,092	13,268
Outcome	% of children who are up to date on immunizations at 24 months of age	23%	n/a	35%	85%
Efficiency	Number of days for a new patient appointment	n/a	6	6	7
Quality	% of patients who would "strongly agree" to recommend the clinic to friends / family	n/a	70%	70%	70%

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends (new clinic so no previous info)

Legal / Contractual Obligation

SEHC primary care complies with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SEHC primary care meets all Federally Qualified Health Center (FQHC) designated requirements, such as provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,016,963	\$1,086,730	\$967,905	\$1,330,273
Contractual Services	\$3,200	\$390,657	\$0	\$380,417
Materials & Supplies	\$4,860	\$127,471	\$21,514	\$108,904
Internal Services	\$293,708	\$414,988	\$141,010	\$785,051
Total GF/non-GF	\$1,318,731	\$2,019,846	\$1,130,429	\$2,604,645
Program Total:	\$3,338,577		\$3,735,074	
Program FTE	13.20	7.90	12.00	8.20

Program Revenues				
Indirect for Dept. Admin	\$201,276	\$0	\$253,051	\$0
Intergovernmental	\$0	\$1,051,900	\$0	\$1,728,742
Other / Miscellaneous	\$0	\$50,000	\$0	\$0
Service Charges	\$1,118,915	\$917,946	\$1,110,609	\$875,903
Total Revenue	\$1,320,191	\$2,019,846	\$1,363,660	\$2,604,645

Explanation of Revenues

Southeast Health Clinic is supported by federal BPHC grant, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep the Primary Care grant and to serve uninsured patients.

Medical Fees: \$1,986,512
 Federal Primary Care/Homeless grant: \$1,645,800
 State Family Planning grant: \$46,002
 State Maternal & Child Health grant: \$36,940

Significant Program Changes

Last Year this program was: 40027 Southeast Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Dawn Shatzel
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care, enabling and behavioral health services to the vulnerable and under-served residents in the East County Rockwood community. Rockwood clinic was strategically placed to provide culturally appropriate care to a population that may otherwise not have access to medical care. The clinic provides more than 20,000 visits per year.

Program Summary

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of annual client visits	17,007	20,260	17,460	19,711
Outcome	Percentage of children who are up to date on immunizations at 24 months of age	66%	85%	68%	85%
Quality	% "strongly agree" they would recommend this clinic to friends and family	67%	70%	68%	70%
Efficiency	Number of days for a new patient appointment	7	7	7	7

Performance Measures Descriptions

% of children who are immunized by 24 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. # of days for new patient appointment measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Client satisfaction survey ask patients if they would recommend this clinic to family/friends.

Legal / Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,800,686	\$1,590,250	\$2,066,860	\$1,280,979
Contractual Services	\$57,971	\$600	\$600	\$95,956
Materials & Supplies	\$20,397	\$165,412	\$23,347	\$195,359
Internal Services	\$173,706	\$813,029	\$238,714	\$851,784
Total GF/non-GF	\$2,052,760	\$2,569,291	\$2,329,521	\$2,424,078
Program Total:	\$4,622,051		\$4,753,599	
Program FTE	21.00	9.20	23.00	7.00

Program Revenues				
Indirect for Dept. Admin	\$292,454	\$0	\$321,499	\$0
Intergovernmental	\$0	\$952,323	\$0	\$777,818
Service Charges	\$1,991,323	\$1,616,968	\$2,296,087	\$1,646,260
Total Revenue	\$2,283,777	\$2,569,291	\$2,617,586	\$2,424,078

Explanation of Revenues

Rockwood Community Health Center is supported by Federal BPHC grant, State Family Planning grant, State funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,942,347

Federal Primary Care grant: \$671,567

State Family Planning grant: \$58,930

State Maternal & Child Health grant: \$47,321

Significant Program Changes

Last Year this program was: 40029 Rockwood Community Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.

Department: Health Department **Program Contact:** Vanetta Abdellatif
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective, and based on proven best practices.

Program Summary

Medical services:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.

Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	80% (or more) of providers are mtg their visit target minimum productivity goals.	70	75	75	75
Outcome		0	0	0	0
Quality	Maintain compliance with regulatory and licensing standards/boards.	100%	100.0%	100%	100%

Performance Measures Descriptions

1) 80% (or more) of providers are meeting their current productivity (visit target) goals. By recruiting and retaining providers as well as providing leadership and support to existing providers, they will increase access to needed care by achieving team based productivity (visit target) goals. Although the goal remains at 80% we are proposing the 75% because we anticipate adding a few new providers who require some experience and additional training to reach the benchmark goal.

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, CareOregon contract and Central City Concern contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,275,526	\$100,638	\$1,612,167	\$96,219
Contractual Services	\$2,000	\$0	\$18,069	\$0
Materials & Supplies	\$64,482	\$7,674	\$70,299	\$7,780
Internal Services	\$86,958	\$9,920	\$100,425	\$10,212
Total GF/non-GF	\$1,428,966	\$118,232	\$1,800,960	\$114,211
Program Total:	\$1,547,198		\$1,915,171	
Program FTE	8.90	0.10	8.10	0.10

Program Revenues				
Indirect for Dept. Admin	\$7,581	\$0	\$7,779	\$0
Intergovernmental	\$0	\$118,232	\$0	\$114,211
Total Revenue	\$7,581	\$118,232	\$7,779	\$114,211

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. Additionally the Department has been awarded a small grant by the Kaiser Foundation to participate in a research project for cardiovascular disease risk factors among diabetic patients in federally qualified health centers.

Kaiser Foundation: \$87,211

OCHIN: \$27,000

Significant Program Changes

Last Year this program was: 40030 Medical Directors (Physician, Nurse Practiti

The negotiated COLA for all Physicians is budgeted here. A Nurse Consultant position was eliminated as a cost saving measure.

Department: Health Department **Program Contact:** Carol Richmond
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department. The pharmacy fills approximately 342,000 prescriptions per year.

Program Summary

Pharmacy Services utilizes various contracts to procure medication for dispensing to Health Department clients. Medications are dispensed to uninsured clients including high numbers of mentally ill; clients of public health programs such as the Sexually Transmitted Disease Prevention and the Tuberculosis Clinics; as well as youth in School Based Health Clinics. The program bills third parties, assists clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultations and patient education regarding medications. Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Uninsured; public health programs (TB, STD, CD); and School Based Health clients comprise close to 40% of the total work of the program. Clinical pharmacists have been added to cover 7 primary care sites, they work closely with clinical teams in improving both patient adherence with medication regimens, and clients comprehension of their medical condition and treatment.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Prescriptions Filled	306,281	350,000	342,000	350,000
Outcome	Average prescription cost	39	38	36	39
Quality	Clinical Pharmacy Services	7%	20%	20%	20%

Performance Measures Descriptions

The prescription volume reflects staffing needs, materials and supplies, expenditures and revenue. The average prescription cost reflects prescription volume, expenditures, staffing, materials and supplies but not revenue. Quality: Clinical Pharmacy Services represents # of sites where clinical pharmacy services were offered

Legal / Contractual Obligation

Various grants require the provision of pharmacy services. State mandated public health services are provided.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$6,706,589	\$0	\$6,740,384
Contractual Services	\$0	\$194,600	\$0	\$198,200
Materials & Supplies	\$0	\$6,130,600	\$0	\$5,189,466
Internal Services	\$0	\$1,685,211	\$0	\$1,774,690
Total GF/non-GF	\$0	\$14,717,000	\$0	\$13,902,740
Program Total:	\$14,717,000		\$13,902,740	
Program FTE	0.00	54.25	0.00	54.05

Program Revenues				
Indirect for Dept. Admin	\$943,299	\$0	\$946,936	\$0
Other / Miscellaneous	\$0	\$12,000	\$0	\$0
Service Charges	\$0	\$14,705,000	\$0	\$13,902,740
Total Revenue	\$943,299	\$14,717,000	\$946,936	\$13,902,740

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees and revenue from pharmacy patient assistance programs.

Prescription Fees: \$13,455,718

Patient Fees: \$409,154

Patient Assistance Programs: \$37,868

Significant Program Changes

Last Year this program was: 40031 Pharmacy

This program offer includes conversion of two pharmacy technician positions into a operations supervisor. This will enable distribution of personnel oversight more evenly through management positions in pharmacy administration, and improved training opportunities and ongoing evaluation of staff. This position will be responsible for assisting the pharmacy director to ensure regulatory compliance with the various federal and state program mandates.

Department: Health Department **Program Contact:** Carol Richmond
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Lab, and Health Information Management provide essential clinical support to health delivery and emergency preparedness programs in the Health Department. These programs support the delivery of care to clients of Health Department services (including Primary Care, School Based Health Clinics, Disease Prevention Clinics, Dental and Corrections Health.) The lab handles approximately 234,000 specimens per year. Medical Records fulfills 13,000 medical records request per year.

Program Summary
Laboratory:

Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and other emergencies and the surveillance of emerging infections. The laboratory assists in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities.

Health Information Management:

Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of records requests completed	12,450	12,000	13,000	13,000
Outcome	Number of laboratory specimens handled	235,000	260,000	234,000	240,000
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95

Performance Measures Descriptions

Legal / Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory services. The EMR and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,636,564	\$0	\$2,720,564	\$0
Contractual Services	\$7,815	\$0	\$7,950	\$0
Materials & Supplies	\$63,279	\$0	\$85,878	\$0
Internal Services	\$395,215	\$0	\$449,556	\$0
Total GF/non-GF	\$3,102,873	\$0	\$3,263,948	\$0
Program Total:	\$3,102,873		\$3,263,948	
Program FTE	25.70	0.00	26.90	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Revenue for laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department, as well as to deliver mandated public health services.

Significant Program Changes

Last Year this program was: 40032 Lab and Medical Records

There are no anticipated changes to this program for FY15.

Department: Health Department **Program Contact:** Yvonne Myette
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40019, 40020, 40022, 40023, 40024, 40026, 40027, 40029, 40041
Program Characteristics: One-Time-Only Request

Executive Summary

The United States Department of Health and Human Services (HHS) has mandated that all U.S. health care organizations will start using the ICD-10-CM diagnosis code set for billing medical services on or after October 1, 2014.

Program Summary

ICD-10 will affect diagnosis coding for everyone covered by HIPAA, not just those who submit Medicare and Medicaid claims. Health care providers, payers, clearinghouses and billing services must be prepared to switch to ICD-10. Claims without ICD-10 codes for services provided on or after the effective date cannot be paid. Making the transition to ICD-10 is not optional. The proposed budget will be used to support the activities that are required of the Health Department as we make this mandatory transition. This includes the cost of purchasing a training program from a vendor, training software, new coding books, and the cost of re-designing and re-printing paper forms.

This impacts all areas of the Health Department, including clinical, operations, business services, and reporting. The revenue cycle is at serious risk of disruption, and we must ensure that the changes in our electronic systems do not impact patient care or disrupt clinicians and staff.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of staff trained in ICD-10 billing	n/a	n/a	n/a	630
Outcome		0	0	0	0

Performance Measures Descriptions

Legal / Contractual Obligation

Mandated change by Centers for Medicare and Medicaid Services (CMS)

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$9,412	\$0
Contractual Services	\$0	\$0	\$161,200	\$0
Materials & Supplies	\$0	\$0	\$23,500	\$0
Total GF/non-GF	\$0	\$0	\$194,112	\$0
Program Total:	\$0		\$194,112	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Christy Ward
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Primary Care and Dental Access and Referral (PCARD) Program is the gateway for more than 20,000 new patients assigned to Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for 1,300 established uninsured patients referred into community specialty care. MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

Program Summary

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental and social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community.

Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and those who have limited English proficiency, receive culturally competent interpretation.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of new patients who receive appointments	19,000	20,114	20,160	20,000
Outcome	# of uninsured patients who receive specialty care	1,000	1,336	960	1,000

Performance Measures Descriptions

Output: Number of new patients who receive a new patient appointment (medical and dental).

Outcome: Number of uninsured patients who receive specialty care referrals, this measures the success of efforts to connect uninsured clients to community charity care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$769,096	\$153,810	\$588,124	\$240,629
Contractual Services	\$88,400	\$0	\$88,400	\$0
Materials & Supplies	\$1,795	\$22,407	\$19,296	\$674
Internal Services	\$47,452	\$88,783	\$139,326	\$23,697
Total GF/non-GF	\$906,743	\$265,000	\$835,146	\$265,000
Program Total:	\$1,171,743		\$1,100,146	
Program FTE	9.50	1.00	7.60	2.00

Program Revenues				
Indirect for Dept. Admin	\$16,993	\$0	\$18,050	\$0
Intergovernmental	\$0	\$265,000	\$0	\$265,000
Total Revenue	\$16,993	\$265,000	\$18,050	\$265,000

Explanation of Revenues

Primary Care and Dental Access and Referral is funded with county general fund and is also supported with revenue from the Bureau of Primary Health Care.

Federal Primary Care grant: \$265,000

Significant Program Changes

Last Year this program was: 40033 Primary Care and Dental Access and Referral

Department: Health Department **Program Contact:** Vanetta Abdellatif
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to healthcare standards and regulations.

Program Summary

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external bench-marking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

This program supports Patient Centered Primary Care Health Home programs and represents an opportunity for new healthcare funding based on performance and outcomes. These programs, implemented to meet goals of the State of Oregon's 1115 Medicaid Demonstration Accountability Plan and local Coordinated Care Organizations Pay-for-Performance, may have payments tied to achieving specific health outcomes or state metrics for quality. The Quality Assurance program is tasked with designing, testing, and implementing the wide array of system improvements needed to meet these new benchmarks.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	100%	100%	100%	100%
Outcome	BPHC grant renewed annually	100%	100%	100%	100%

Performance Measures Descriptions

1. Outcome: Good standing as a fully accredited organization under the Joint Commission's standards for health organizations. (Unannounced surveys by JCAHO every 3 yrs.
2. Outcome: Maintenance of FQHC grantee by meeting all federal rules/requirements; evaluated annually through the grant continuation application process.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,740,968	\$9,979	\$1,760,300	\$785,757
Contractual Services	\$1,082,286	\$0	\$102,000	\$24,500
Materials & Supplies	\$213,837	\$1,014	\$42,261	\$187,489
Internal Services	\$586,267	\$1,007	\$288,946	\$245,247
Total GF/non-GF	\$4,623,358	\$12,000	\$2,193,507	\$1,242,993
Program Total:	\$4,635,358		\$3,436,499	
Program FTE	25.71	0.09	15.50	7.10

Program Revenues				
Indirect for Dept. Admin	\$227,276	\$0	\$186,829	\$0
Intergovernmental	\$1,042,056	\$0	\$0	\$1,230,993
Other / Miscellaneous	\$1,460,523	\$12,000	\$1,500,000	\$12,000
Financing Sources	\$1,029,600	\$0	\$0	\$0
Total Revenue	\$3,759,455	\$12,000	\$1,686,829	\$1,242,993

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with County General Fund and HRSA grant revenue. In past years this program received funding through the State's Patient Centered Medical Home and CareOregon's Primary Care Renewal Innovation funding. Program leadership are working with CCO's to support quality payments that can support this program long-term.

Primary Care Renewal / Primary Care Quality incentives (in the General Fund: \$1,500,000
 Federal Primary Care grant: \$1,230,993
 Volunteers of America grant: \$12,000

Significant Program Changes

Last Year this program was: 40034A Quality Assurance

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. During this transition to more performance based care, it will be important to provide quality and IT support to provide evidence of quality improvement and other metrics. In FY14, \$1m in Patient Centered Primary Care Health Home funds were budgeted here. This quality incentive program ended in September 2013 leaving less funding for these activities. In addition general fund was moved from this program to the Primary care clinics. As a result, several Community Health Specialists, Program Specialists and a Project Manager working on various quality improvement projects were cut from the FY15 budget.

Department: Health Department **Program Contact:** Consuelo Saragoza
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, and program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, procures grant funds, and develops and evaluates evidence-based programs. HAE provided data for 200 reports and inquiries. The grants team wrote 43 proposals last year.

Program Summary

Health Planning and Evaluation provides support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis and evaluation support for program planning and quality improvement efforts across the Health Department, reports on the health status of Multnomah County residents, and provides data support for Grant Development efforts. HAE support county-wide efforts to improve health outcomes for all communities through monitoring health status indicators, disseminating reports, documenting community health status and health inequities, and conducting health impact assessments. PDES conducts applied research projects and provides program evaluation/analytical support to county and state programs to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing and grant management. Over 24 million was procured to address health issues in FY 12-13 from foundations, state and federal grants and contracts.

Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include: Future Generations Collaborative Gathering of Native Americans, Obesity/Overweight and Substance Abuse prevention, Multnomah Jail Diversion Partnership. Other projects include a project that bridges economic development, criminal justice, and public health systems to improve the health and success in community reintegration among women in prison, a study on how anti-bullying legislation in Oregon affects school district-level adoption of policies, and an assessment of how those policies influence bullying behaviors among students. Grant Development has secured program funds to support early childhood, clinical services, adolescent health, and public health infrastructure. Health Planning and evaluation programs identify health priorities and direct resources toward improving the health of the community. HAE's health assessment activities shape Health Department program planning, as well as inform community partners and policy makers about the community's most pressing and emerging needs.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of requests for data analysis (1)	284	250	200	200
Outcome	Number of grant proposals written (2)	52	43	43	43
Outcome	Dollar amount (in millions) of grants funded	\$25	\$24	\$24	\$24
Output	Number of reports and presentations disseminated	52	45	45	45

Performance Measures Descriptions

- 1) Includes HAE planned projects and ad hoc requests.
- 2) Includes Grant Development and PDES proposals.

Legal / Contractual Obligation

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant and contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,430,340	\$1,322,721	\$1,316,120	\$1,263,884
Contractual Services	\$5,455	\$484,247	\$10,000	\$526,207
Materials & Supplies	\$44,107	\$113,783	\$29,816	\$64,636
Internal Services	\$165,988	\$162,703	\$159,803	\$182,133
Total GF/non-GF	\$1,645,890	\$2,083,454	\$1,515,739	\$2,036,860
Program Total:	\$3,729,344		\$3,552,599	
Program FTE	12.15	9.60	10.90	8.34

Program Revenues				
Indirect for Dept. Admin	\$120,501	\$0	\$138,732	\$0
Intergovernmental	\$0	\$1,606,256	\$0	\$1,575,954
Other / Miscellaneous	\$0	\$477,198	\$0	\$460,905
Total Revenue	\$120,501	\$2,083,454	\$138,732	\$2,036,859

Explanation of Revenues

Health Assessment, Planning and Evaluation is funded by county general fund and grants through the State Local Public Health Agency award and from other jurisdictions and organizations for evaluation and educational services provided by the Program Design and Evaluation Services (PDES) unit.

Alaska & Washington State evaluation contracts: \$783,108

State Local Public Health Agency grant: \$757,436

4 County Needs Assessment \$339,315

DHS-OMHS-Disparity Report: \$157,000

Significant Program Changes

Last Year this program was: 40035A Health Assessment, Planning and Evaluation

Department: Health Department **Program Contact:** Kimie Ueoka
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Community Health Council (CHC) is a federally mandated consumer-majority planning body that facilitates community involvement in quality assurance, public policy advocacy, and management accountability for the Health Department's Integrated Clinical Services and also serves in an advisory capacity to Health Department programs and leadership. CHC also provides oversight for the 15 Coalition of Community Health Clinics (CCHC) that have a pivotal role in serving individuals who are under or uninsured in Multnomah County.

Program Summary

The Community Health Council must have no less than a 51% consumer – majority membership to ensure that health center users have a voice in the decision making process. The County extends workers compensation insurance along with other benefits to the 15 Coalition of Community Health Clinics' (CCHC) volunteers. The CHC screens volunteer health care professionals for the CCHC.

The CHC offers an entry point for residents to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's clinical services. Participation on the Council allows them to better understand and influence how the County system works. The Council is currently comprised of 18 members and is a fair representation of the communities served by Department clinical services.

The 15 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people.

Through effective partnerships, the County has leveraged millions of dollars in local, state, and federal revenue, increasing access to services for vulnerable populations through funding of the Community Health Council and the Coalition of Community Health Clinics. The County's contract for volunteer indemnification provided an additional \$1,532,566 value in volunteer time with an estimated 60,356 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of volunteer hours	60,356	55,000	55,000	55,000
Outcome	Percentage of consumers involved	71%	64%	65%	60%

Performance Measures Descriptions

of volunteer hours includes licensed health care volunteer at the 15 Coalition Clinics who utilize the County's indemnification program as well as Community Health Council volunteers. Percentage of consumers involved includes patient advisory boards represented through the CCHC and consumers represented on the CHC.

Legal / Contractual Obligation

The CHC is federally mandated by the Bureau of Primary Health Care. The CHC's role as the Citizen Budget Advisory Committee is mandated by the County Charter.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$110,865	\$0	\$115,185	\$0
Contractual Services	\$107,447	\$0	\$108,012	\$0
Materials & Supplies	\$8,730	\$0	\$9,315	\$0
Internal Services	\$16,479	\$0	\$18,593	\$0
Total GF/non-GF	\$243,521	\$0	\$251,104	\$0
Program Total:	\$243,521		\$251,104	
Program FTE	1.30	0.00	1.30	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40036 Community Health Council and Civic Governanc

Department: Health Department **Program Contact:** Jade Dodge
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40007, 40008A, 40015
Program Characteristics:

Executive Summary

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors, including tobacco exposure. This program focuses on vulnerable/ill families living in substandard housing to reduce: asthma triggers, exposure to household mold, toxins, vectors and lead paint through home assessments and housing inspections. Strategies include education, advocacy, policy analysis, and organizing to build community capacity.

Program Summary

The program addresses health inequities through chronic disease prevention (asthma, tobacco-use, cancer) by improving the health and livability of the home and addressing environmentally related health concerns.
Healthy Home Priorities: 1) Provide home-based environmental and medical assessment/interventions for high-risk asthmatic children, 2) Consult with medical providers, 3) Partner with landlords and tenants, 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home, 5) Address substandard housing complaints in unincorporated areas, and 6) provide environmental assessments for sick children and improve housing conditions.
Housing Education Priorities: 1) Conduct community-based training related to mold, indoor air quality, bed bugs, hazards, toxins, and safety, 2) Integrate environmental health risk reduction with other MCHD initiatives. The Healthy Homes asthma intervention has shown improvements in asthma control, reduced emergency department visits and improved quality of life.
Tobacco Prevention Priorities: Enforces the Indoor Clean Air Act, provides technical assistance and outreach in public settings.
Environmental Health Education: 1) Conduct education and outreach related to global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment, 2) Provide environmental health education related to housing, diseases transmitted from animals to humans, food borne illness, and emerging environmental health issues.
Environmental Health Policy Analysis: 1) Coordinate implementation of the Climate Action Plan actions, 2) Participate in the Climate Action Plan revision steering committee, 3) Integrate environmental health risk reduction with other County-wide initiatives;
Environmental Health Advocacy: 1) Identify health disparities and environmental justice issues; 2) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies – labeling of genetically modified foods, pesticides on produce, and adopting a Safe Cosmetics Act.
 Focus areas include health impacts of global climate change, toxin exposure, indoor air quality, bedbugs, and the built environment.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of families receiving an environmental home inspection from any of the HH programs*	132	90	138	180
Outcome	Emergency Dept & hospitalization costs averted**	\$124,721	\$311,677	\$477,905	\$623,354
Output	Recommendations/policies adopted or influenced related to Environmental Health issues.	14	12	12	12

Performance Measures Descriptions

*Increased visits result from reallocated staff to Healthy Homes and improved efficiency.

**These savings were calculated in the Healthy Homes Program Summary from client data obtained and are based on number of ER visits prevented X cost/visit and estimated number of hospitalizations prevented X cost of stay.

Legal / Contractual Obligation

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes Demonstration Grant # ORRLHH029-09, the DMAP Healthy Homes State Health Plan Amendment, and the EPA grant. Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances. Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$322,248	\$667,719	\$207,218	\$769,529
Contractual Services	\$53,260	\$90,326	\$117,069	\$244,980
Materials & Supplies	\$26,398	\$15,727	\$22,186	\$10,588
Internal Services	\$97,713	\$103,776	\$118,382	\$144,677
Total GF/non-GF	\$499,619	\$877,548	\$464,855	\$1,169,774
Program Total:	\$1,377,167		\$1,634,629	
Program FTE	3.07	6.25	2.05	7.30

Program Revenues				
Indirect for Dept. Admin	\$54,781	\$0	\$79,674	\$0
Intergovernmental	\$0	\$501,228	\$0	\$358,964
Service Charges	\$0	\$376,320	\$0	\$810,810
Total Revenue	\$54,781	\$877,548	\$79,674	\$1,169,774

Explanation of Revenues

Environmental Health Education, Outreach and Housing is funded by:

Medicaid medical fees: \$810,810

State Local Public Health Authority tobacco prevention grant: \$346,204

EPA Healthy Schools grant: \$12,760

Significant Program Changes

Last Year this program was: 40037 Environmental Health Education, Outreach and

The 3 year Healthy Homes HUD demonstration grant ended in FY14. The Tobacco Prevention Enforcement Program activities and plan transitioned from 40047 Public Health Community Initiatives into the Healthy Homes and Families programs in June 2013, and have been incorporated into this year's program offer.

Department: Health Department **Program Contact:** Noelle Wiggins
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs: 40045
Program Characteristics:

Executive Summary

A key role of public agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. Activities include training Community Health Workers (CHWs), preventing youth violence, teaching empowering health promotion approaches, conducting community-based participatory research (CBPR), and coordinating the Health Promotion Change Process. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

Program Summary

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing Oregon Health Authority-approved training for Community Health Workers (CHWs); 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) and evaluation projects that increase power and improve health in communities most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process.

Since March of 2013, the CCC has trained 94 of the 300 CHWs called for in Oregon's Medicaid waiver and is on track to train 150 by March of 2014. We were the first organization statewide to receive OHA approval of our CHW training curriculum. We partnered with the Defending Childhood Initiative of DCHS to train 88 CHWs about children's exposure to violence. Additionally, we participated on the OHA's Traditional Health Worker Steering Committee, received funding to develop a competency assessment for CHWs, partnered with PSU to found the Oregon CHW Research and Education Consortium, partnered with the Oregon CHW Association to lead a CHW Pilot Project funded by Kaiser Permanente, and partnered with the Cradle to Career Project to develop a Community Education Worker project.

Our Youth Violence Prevention Partnership continued to bring together youth and law enforcement at 5 community sites to jointly address the underlying causes of violence affecting young people. Staff and community partners in our CDC-funded STRYVE (Striving to Reduce Youth Violence Everywhere) project completed development of a comprehensive plan to prevent and reduce youth violence, began implementation of 2 evidence-based strategies in 4 community sites, and partnered with the City of Portland on the Black Male Initiative. During 2012-13, the HP Change Process: 1) continued to strengthen skills, build capacity and provide mutual support through monthly meetings; 2) Developed a training, "Turning Ideas into Action," with staff from the Health Equity Initiative; and 3) Partnered with the Training Unit to provide empowering health promotion training to new employees.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of participants in training classes	823	1,750	2,000	2,000
Outcome	% of participants in training courses who report increased ability to promote health	94%	92%	96%	95%
Outcome	% of participants who report increased understanding of the relationship between inequality and health	90%	N/A	94%	93%
Output	Number of youth engaged in violence prevention evidence-based strategies and awareness building	N/A	N/A	500	500

Performance Measures Descriptions

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2 & 3) Percentage of participants in training courses who report increased ability to promote health and increased understanding of the relationship between inequality and health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score.

Legal / Contractual Obligation

CDC standards for local public health agencies will soon make health promotion a mandatory service. New regulations require that Community Health Workers participate in an approved 80-hour training curriculum in order to be included in a state registry. CHWs' inclusion in the state registry qualifies their employers for Medicaid reimbursement for CHW services.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$653,426	\$242,611	\$564,753	\$242,853
Contractual Services	\$0	\$750	\$0	\$0
Materials & Supplies	\$221	\$31,684	\$17,213	\$26,401
Internal Services	\$0	\$134,470	\$90,783	\$60,746
Total GF/non-GF	\$653,647	\$409,515	\$672,749	\$330,000
Program Total:	\$1,063,162		\$1,002,749	
Program FTE	6.24	2.56	5.62	1.94

Program Revenues				
Indirect for Dept. Admin	\$26,261	\$0	\$22,477	\$0
Intergovernmental	\$0	\$306,337	\$0	\$320,000
Other / Miscellaneous	\$0	\$103,178	\$0	\$10,000
Service Charges	\$0	\$0	\$10,000	\$0
Total Revenue	\$26,261	\$409,515	\$32,477	\$330,000

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers and conducting research and evaluation.

Federal STRYVE grant: \$275,000
 Defending Childhood Initiative grants: \$40,000
 Community Health Worker Training contracts: \$15,000

Significant Program Changes

Last Year this program was: 40038 Health Promotion and Community Capacity Buil

Funding from the Defending Childhood Initiative allowed us to hire 2 FTE Community Health Workers to assist with facilitation of the STRYVE Coalition, present at conferences, and lead facilitators of the Youth Empowerment Strategies (YES) curriculum. More than \$200k in revenue for CHW training, research and evaluation projects is on the horizon but was not fully committed by the time the budget was submitted. Those agreements will come to the Board in early FY2015 as budget modifications.

Department: Health Department **Program Contact:** Kathleen Fuller-Poe
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Business and Quality Services - Workforce Development Human Resources and Training Unit provides guidance and consultation in administrative procedures, recruitment, employee/labor management relations, core management competencies, personnel policies and labor contract interpretation, web design, training facilitation, legislative review and legal compliance. Objectives are achieved through (a) applying business best practices, (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance.

Program Summary

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) Organizational Effectiveness: Provides staff and organization development opportunities that support high performance, nurse development, Facilitative Leadership, change management, and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination, and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) Public Health Competence: Assess, identify and provide training resources to employees to strengthen performance in the delivery of the 10 Essential Services of Public Health with attention paid to continuous learning, quality improvement and cultural competence, also achieved via the Cultural Competency Policy Framework.
- 3) Human Resources: Ensures Human Resources' systems are implemented and consistently followed to guide and direct all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with County Personnel Rules, department guidelines and labor contracts, and to reduce liability and costs of unlawful employment practices.

Performance Measures below: All new measures for FY15. In FY14, we met our goal of training most management staff in the the performance management process that included Public Health competencies. In FY15, Human Resources and Workforce Development will continue to be greatly involved in three of the four policies within the Cultural Competence Policy Framework.

Performance Measures					
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of annual objectives developed to support the Cultural Competence and Diversity framework	0	0	9	9
Outcome	% of Divisions with updated Succession Plans	0	0	10%	20%
Output	# of communications & dashboard metrics disseminated	0	0	20	20

Performance Measures Descriptions

Continued...Our work will be supported by the Health Workforce Development and Training Plan, and Strategic Plans from Health Human Resources, the Health Department, and the County.

Legal / Contractual Obligation

Three collective bargaining agreements; federal, state, county and department regulations covering compensation, disciplinary action, vacation and work schedules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,105,622	\$0	\$2,232,866	\$0
Contractual Services	\$96,076	\$0	\$54,850	\$10,750
Materials & Supplies	\$42,889	\$0	\$56,782	\$633
Internal Services	\$239,482	\$0	\$285,865	\$1,117
Total GF/non-GF	\$2,484,069	\$0	\$2,630,363	\$12,500
Program Total:	\$2,484,069		\$2,642,863	
Program FTE	18.33	0.00	19.05	0.00

Program Revenues				
Indirect for Dept. Admin	\$0	\$0	\$851	\$0
Intergovernmental	\$0	\$0	\$0	\$12,500
Total Revenue	\$0	\$0	\$851	\$12,500

Explanation of Revenues

Business Operations - Human Resources and Training is funded by county general fund, and a \$12,500 grant from the Oregon Health Authority.

Significant Program Changes

Last Year this program was: 40039 Business and Quality - Human Resources and T

Health Transformation project manager formerly in the Department of County Human Services is budgeted here. Also a part-time communications position from 40047 Public Health and Community Initiatives was moved into the Workforce Development area.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,978,512	\$0	\$3,273,901	\$0
Contractual Services	\$33,000	\$0	\$50,893	\$0
Materials & Supplies	\$65,269	\$0	\$68,110	\$0
Internal Services	\$509,676	\$0	\$688,136	\$0
Total GF/non-GF	\$3,586,457	\$0	\$4,081,040	\$0
Program Total:	\$3,586,457		\$4,081,040	
Program FTE	31.10	0.00	30.30	0.00

Program Revenues				
Other / Miscellaneous	\$6,411,374	\$0	\$6,824,315	\$0
Total Revenue	\$6,411,374	\$0	\$6,824,315	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40040A Business and Quality - Financial Services a

The vacant space charges for the East County teen clinic (moving to Centennial) was placed in Business Services to avoid artificially inflating the cost of the School Based Health Center program. We are working with other County programs to find another tenant for that space.

The size of Business Services has grown over the last few years as new responsibilities are added or moved from other areas. For example, staff and facility costs for the vaccine depot moved from Central Stores to the McCoy Building. We will review and restructure this program offer into several smaller program offers in future years.

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Support **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Business Operations - Medical Billing Unit is responsible for providing medical billings and cash collection services for the Health Department.

Program Summary

Provides claims processing services and cash collection services for all of the Health Department's Primary Care and specialty clinics. Responsible for all billing and collection from Medicaid, Medicare, and commercial insurance. Medical billing is an essential part of any clinical system. This team is responsible for the collection of all patient fees, insurance payments, Medicare and Medicaid claims processing. The Medical Accounts Receivable Team is responsible for collecting nearly \$40 million in annual medical billing revenue. This represents about 1/3 of the Department's total budget.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of encounters processed for payment	279,000	334,000	275,000	300,000
Outcome	Percent of Receivables aged (older than 90 days)	24%	23%	23%	21%
Quality	% of FQHC claims rejected, denied or otherwise unpaid	2.3%	2.3%	2.2%	2.1%

Performance Measures Descriptions

Number of encounters demonstrates volume of work. % of receivables older than 90% should be a small and declining %, since the older a claim gets the less likely it is to be paid. Finally there are many reasons why a claim might not be paid (e.g. client ineligible for service, didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,172,296	\$0	\$1,200,961	\$0
Contractual Services	\$1,420,673	\$0	\$247,029	\$0
Materials & Supplies	\$588,747	\$0	\$1,540,071	\$0
Internal Services	\$142,310	\$0	\$153,657	\$0
Total GF/non-GF	\$3,324,026	\$0	\$3,141,718	\$0
Program Total:	\$3,324,026		\$3,141,718	
Program FTE	13.00	0.00	13.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40041 Business and Quality - Medical Billing

County General Fund match is no longer needed for the CAWEM program, resulting in a cost reduction in Medical Billing. The State of Oregon has expanded the program Statewide and is paying the State match rather than requiring the match from Counties.

Department: Health Department **Program Contact:** Ben Duncan
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Health Equity Initiative mission is to assure and promote the County's commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions affect health. Overarching goals of Health Equity Initiative include: incorporating equity into all programs, policies, and practices, developing and implementing empowering approaches to address inequities, and increasing awareness of the intersections between societal conditions and health outcomes.

Program Summary

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) advocates addressing racial and ethnic health inequities with an explicit focus on equity and empowerment. To eliminate racial and ethnic health disparities by addressing root causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies and practices.

HEI will focus on increasing awareness by developing training and disseminating case studies that reflect the impacts of societal conditions on health, and the important role that Public Health can play in achieving positive outcomes for racial and ethnic communities most impacted by the burden of illness, poverty and powerlessness. HEI will work within the Health Department on policy analysis and development and partner with programs focusing on the elimination of racial and ethnic health disparities and quality improvement to ensure focus on equity and empowerment in program and practice. HEI will also implement and maintain Health Department ADM.01.08.03 "Cultural Competence Needs Assessment Policy" to advance our work in culturally competent service delivery and reduce inequities in clinical outcomes. Externally, HEI will continue to build relationships with community partners and coordinate with the Office of Diversity and Equity to ensure that best practices are institutionalized throughout the County.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of staff, community members trained on health inequities and the E&E Lens	350	500	500	500
Outcome	%of staff with increased knowledge of health inequities and Lens after trainings	na	90.0%	90%	90%
Output	Number of programs, practices and policies applying the lens	4	20	20	20
Output	Number of case studies developed highlighting health equity success stories	na	6	9	12

Performance Measures Descriptions

*Program Measures non-applicable represent the change in management occurring October 2012 and revised program measures based on the publication of the Equity and Empowerment Lens, a newly hired staff member, increased focus on evaluation, and a shift in programmatic focus areas reflecting internal workforce development and Lens consultation and technical assistance.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$360,231	\$0	\$398,151	\$0
Materials & Supplies	\$4,179	\$0	\$15,161	\$0
Internal Services	\$23,672	\$0	\$39,349	\$0
Total GF/non-GF	\$388,082	\$0	\$452,661	\$0
Program Total:	\$388,082		\$452,661	
Program FTE	3.45	0.00	3.40	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40045 Health Equity Initiative (Racial Justice Foc

This program continues to build capacity internally and externally in the application of the Equity and Empowerment Lens and to better articulate the role of Public Health in addressing inequities for communities most impacted by negative health outcomes.

Department: Health Department **Program Contact:** Consuelo Saragoza
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Public Health Community Initiatives Program helps to develop and implement population-based approaches to prevent chronic disease, improve health equity and improve the health of all Multnomah County residents. The Program coordinates policy, planning, and partnerships to address the leading risk factors for chronic disease such as tobacco use, exposure to secondhand smoke, physical inactivity, and poor nutrition.

Program Summary

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason is the minimal investment we make in preventing diseases. Seventy five percent of our health care costs are related to preventable conditions. The Community Wellness and Prevention Program focuses on community-related activities designed to prevent diseases from occurring at all by coordinating efforts to change the community conditions that contribute to poor health outcomes, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or easy access to tobacco by youth. These activities are carried out in collaboration with a wide, diverse network of community stakeholders through coalition building and formation of strategic organizational partnerships.

The Program builds community-wide efforts to combat obesity and chronic diseases and address health inequities by changing policies, systems, and environments that will create sustainable health promoting changes over time. The Program collaborates to help advance a coordinated public health policy agenda by strengthening linkages with community partners and across Health Department programs. This includes efforts to inform the design of healthy, safe neighborhoods, create strong local food systems, and reduce access to tobacco by youth. The Program supports development and incubation of innovative place-based initiatives such as the Healthy Retail Initiative and the Worksite Wellness Initiative. The Program also develops and implements health promotion campaigns under the "It Starts Here" brand. The Department Communications Team in partnership with the County Communications team provides Health Department coverage through media and social media outlets.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of community partners in Health Active Multnomah County Coalition	30	50	40	45
Outcome	Number of policies established to slow and reduce rates of chronic disease	14	16	14	16

Performance Measures Descriptions

1) Number of community partners in Healthy Active Multnomah County coalition. Partners will be tracked by # of partnerships established/strengthened through policy teams. 2) Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy.

Legal / Contractual Obligation

Healthy Communities Grant funded by Oregon Public Health Division must comply with required work plans and assurances. Food Access Grant Funded by the Northwest Health Foundation/Kaiser must comply with reporting requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$646,867	\$166,226	\$190,725	\$168,018
Contractual Services	\$15,000	\$11,810	\$0	\$5,082
Materials & Supplies	\$21,427	\$3,315	\$15,867	\$1,105
Internal Services	\$191,214	\$20,867	\$130,354	\$18,205
Total GF/non-GF	\$874,508	\$202,218	\$336,946	\$192,410
Program Total:	\$1,076,726		\$529,356	
Program FTE	6.75	1.80	1.80	1.77

Program Revenues				
Indirect for Dept. Admin	\$12,968	\$0	\$13,105	\$0
Intergovernmental	\$0	\$115,256	\$0	\$132,451
Other / Miscellaneous	\$0	\$86,962	\$0	\$59,959
Total Revenue	\$12,968	\$202,218	\$13,105	\$192,410

Explanation of Revenues

Public Health Community Initiatives is funded by:

Healthy Communities grant: \$81,250

Kaiser Food Access grant: \$59,959

State Local Public Health Authority tobacco prevention grant: \$51,201

Significant Program Changes

Last Year this program was: 40047A Community Wellness and Prevention

PO 40047A Community Wellness and Prevention and 40047B Public Health Policy and Planning were combined with other community activities to become Public Health & Community Initiatives. This restructuring included moving three positions and cutting four other positions including senior level management positions as a cost saving measure.

Department: Health Department **Program Contact:** Robert Johnson
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Community Epidemiology Services (CES) program provides core public health services to the community. These activities include: epidemiologic surveillance and outbreak response, population health data collection and analysis, application of best and promising evidence-based practices in public health, effective financial management and fiscal accountability, and quality improvement and performance management.

Program Summary

The Community Epidemiology Services (CES) program provides the core governmental public health services to the community--in concert with all public health functions in the Department. Population data are analyzed to assist programs in optimizing quality and accountability to the communities they serve. CHS programs provide clinical, technical, field-based outreach, and community engagement functions across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), entomology (vector control), and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes and ordinances to monitor and control disease. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources on preventing disease and promoting health in vulnerable populations. The CES unit leads CHS programs in implementation of efficient and safe service delivery, coordinated public health data, epidemiologic analysis, and coordinated communication activities.

CES optimizes resources to assure quality and effectiveness of clinical services, data management, and prevention projects. The program provides demographic data for strategic program planning and to assist our community partners in coordinating efforts. Outbreak response is provided through epidemiologic support, statistical modeling, and standardized Investigative Guidelines.

CES also supports the Department with implementation of best practices and coordination with prioritized County initiatives. This program plays a vital role in working toward Public Health Accreditation for the Department. This involves work in community health assessment, community health improvement planning, and assuring that all public health services align with the Multnomah County Health Department Strategic Plan.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of Quality Improvement training and projects for identified priority CHS programs	12	14	10	10
Outcome	Percent of strategic projects completed successfully*	0	0	94%	95%
Quality	Internal customers are "satisfied" or "extremely satisfied"	90%	90%	92%	92%

Performance Measures Descriptions

*New measure--Strategic projects include: epidemiology reports and data asks, quality improvement projects, informatics database improvements, and cross-Departmental collaborations.

Legal / Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$392,582	\$0	\$504,299	\$0
Contractual Services	\$9,000	\$0	\$21,000	\$0
Materials & Supplies	\$41,055	\$0	\$40,366	\$0
Internal Services	\$56,689	\$0	\$64,467	\$0
Total GF/non-GF	\$499,326	\$0	\$630,132	\$0
Program Total:	\$499,326		\$630,132	
Program FTE	3.50	0.00	4.50	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40048 Community Epidemiology

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. Corrections health personnel care for 80 detained youth at any one time (+3,500 per year) from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Program Summary

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	# of clients visits conducted by a CH nurse per yr	3,500	3,500	3,500	3,500
Outcome	% of detained youth receiving mental health medications monthly	50%	50%	50%	50%

Performance Measures Descriptions

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs brings harm to individuals entrusted to our care and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$521,405	\$66,489	\$545,738	\$0
Materials & Supplies	\$50,716	\$0	\$16,268	\$0
Internal Services	\$74,493	\$6,090	\$70,048	\$0
Total GF/non-GF	\$646,614	\$72,579	\$632,054	\$0
Program Total:	\$719,193		\$632,054	
Program FTE	3.40	0.00	3.60	0.00

Program Revenues				
Indirect for Dept. Admin	\$4,654	\$0	\$0	\$0
Service Charges	\$68,132	\$72,579	\$68,132	\$0
Total Revenue	\$72,786	\$72,579	\$68,132	\$0

Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payors, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. Youth in the Alcohol and Drug Treatment Program have Oregon Health Plan (OHP) coverage so some of their clinic appointments with a physician and medications are billed to the Oregon Health Plan.

Corrections Health Juvenile Detention/Admissions and Housing is funded by county general fund which includes \$68,132 in intergovernmental revenue from Washington and Clackamas Counties.

Significant Program Changes

Last Year this program was: 40049 Corrections Health Juvenile Detention, Admis

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to all detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 120 newly booked individuals each day. Nurses (24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes health history, chronic disease, including mental health care, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. Suicide symptom inventory and TB screening are vitally important at booking for safety while incarcerated. The Mental Health Team is composed of PMHNP, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients booked into jail. Over 60% of all medications prescribed are for mental health conditions.

Performance Measures					
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Average # of health screenings completed in an 8 hr shift	115	115	115	115
Outcome	% of + screenings resulting in a referral to the mental health team per year	50%	50%	55%	55%

Performance Measures Descriptions

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,987,918	\$0	\$3,018,090	\$0
Contractual Services	\$560,976	\$0	\$561,753	\$0
Materials & Supplies	\$213,199	\$0	\$249,259	\$0
Internal Services	\$170,543	\$0	\$209,083	\$0
Total GF/non-GF	\$3,932,636	\$0	\$4,038,185	\$0
Program Total:	\$3,932,636		\$4,038,185	
Program FTE	23.70	0.00	23.00	0.00

Program Revenues				
Service Charges	\$26,789	\$0	\$12,342	\$0
Total Revenue	\$26,789	\$0	\$12,342	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MDCDC Base Services and Booking Floor is funded with county general fund. The program estimates to collect \$12,342 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050A Corrections Health Multnomah County Detenti

Department: Health Department **Program Contact:** Nancy Griffith

Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed

Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operator, X-ray and lab services as well as 10 mental health and 10 general medical skilled care beds, plus four housing areas for high level discipline inmates. Also, a nurses station, chart room and a medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care are provided in the jail instead of a high cost hospital. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency medical response. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg # inmate medical requests for care evaluated by nurse monthly	1000	980	980	1000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death.	80	246	240	240

Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical request evaluations per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,578,355	\$0	\$1,398,934	\$0
Contractual Services	\$466,381	\$0	\$623,567	\$0
Materials & Supplies	\$212,865	\$0	\$230,358	\$0
Internal Services	\$84,332	\$0	\$69,946	\$0
Total GF/non-GF	\$2,341,933	\$0	\$2,322,805	\$0
Program Total:	\$2,341,933		\$2,322,805	
Program FTE	15.00	0.00	13.72	0.00

Program Revenues				
Service Charges	\$14,681	\$0	\$6,697	\$0
Total Revenue	\$14,681	\$0	\$6,697	\$0

Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostics tests and communicable diseases are at no charge.

Corrections Health MCDC Clinical Services and 4th Flr Housing is funded by county general fund. The program estimates to collect \$6,697 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050B Corrections Health MCDC Clinical Services a

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Summary

Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Average # of inmate medical requests for care evaluated by nurse monthly	1,000	963	980	1,000
Outcome	Avg active and constant suicide watches per month to prevent inmate injury or death	80	246	240	240

Performance Measures Descriptions

Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical evaluation requests per floor. Outcome Measured CHANGED: Previous year actual for suicide represents "Constant Suicide Watch" only. In FY14 began tracking both "ACTIVE" and "CONSTANT" suicide watches, which results in a high number (and better quality of care.)

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,226,584	\$0	\$1,422,126	\$0
Contractual Services	\$311,775	\$0	\$596,744	\$0
Materials & Supplies	\$112,378	\$0	\$246,590	\$0
Internal Services	\$71,794	\$0	\$93,591	\$0
Total GF/non-GF	\$1,722,531	\$0	\$2,359,051	\$0
Program Total:	\$1,722,531		\$2,359,051	
Program FTE	11.40	0.00	13.40	0.00

Program Revenues				
Service Charges	\$14,530	\$0	\$8,961	\$0
Total Revenue	\$14,530	\$0	\$8,961	\$0

Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by county general fund. The program estimates to collect \$8,961 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40050C Corrections Health MCDC Housing Floors 5, 6



Program #40050D - Corrections Health MCDC – Hospital Services for Inmates 4/16/2014

Department: Health Department **Program Contact:** Wendy Lear
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

This request for additional County General Fund support will bring the Corrections Health budget in line with the actual hospitalization costs for inmates.

Program Summary

For many years the actual cost of emergency room and hospital costs for inmates exceeded the budget set aside for these services. The Health Department typically had savings in other programs and services to cover this additional cost in Corrections Health. However, as budgets in all areas have become leaner, savings to cover these costs is no longer a guarantee. In FY 2015, as more inmates become enrolled in Medicaid the cost to the County for hospitalizations should decline. If hospitals are able to bill Medicaid instead of the County for some services it may make this additional funding unnecessary in the future.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output		0	0	0	0
Outcome		0	0	0	0

Performance Measures Descriptions

This will enable the program to meet the performance measures outlined in 40050A-C.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Contractual Services	\$0	\$0	\$439,000	\$0
Total GF/non-GF	\$0	\$0	\$439,000	\$0
Program Total:	\$0		\$439,000	
Program FTE	0.00	0.00	0.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. This offer represents MCIJ base and clinical services which is administrative, support, diagnostic and clinical services. Three general provider rooms, one dental operatory, one mental health and one triage/treatment room provide office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. X-ray and lab services support diagnosing health problems. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel so health care can be delivered. By providing 24/7 skilled health care on site for this vulnerable, under served population, we minimize the high cost of outside medical care. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse.	950	930	930	930
Outcome	Avg # of TB tests per month.	70	65	65	65

Performance Measures Descriptions

Performance measures reflect the entire facility.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,872,426	\$0	\$1,967,070	\$0
Contractual Services	\$397,358	\$0	\$133,637	\$0
Materials & Supplies	\$130,335	\$0	\$253,396	\$0
Internal Services	\$188,039	\$0	\$205,768	\$0
Total GF/non-GF	\$2,588,158	\$0	\$2,559,871	\$0
Program Total:	\$2,588,158		\$2,559,871	
Program FTE	14.10	0.00	13.98	0.00

Program Revenues				
Service Charges	\$30,906	\$0	\$15,426	\$0
Total Revenue	\$30,906	\$0	\$15,426	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

Corrections Health MCIJ Base Services and Clinical Services is funded by county general fund. The program estimates to collect \$15,426 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051A Corrections Health Inverness Jail (MCIJ) Ba

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

This offer represents a variety of health, mental health, and dental services to 430 men and women in Dorms 4-11 at MCIJ (Dorms 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Corrections Health for the ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics support in jail care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	930
Outcome	Avg # of inmate TB tests per month.	70	65	65	65

Performance Measures Descriptions

Performance measures reflect the entire facility.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered, is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,048,892	\$0	\$1,149,317	\$0
Contractual Services	\$329,172	\$0	\$67,766	\$0
Materials & Supplies	\$127,945	\$0	\$58,966	\$0
Internal Services	\$110,503	\$0	\$77,726	\$0
Total GF/non-GF	\$1,616,512	\$0	\$1,353,775	\$0
Program Total:	\$1,616,512		\$1,353,775	
Program FTE	9.30	0.00	10.20	0.00

Program Revenues				
Service Charges	\$20,868	\$0	\$8,372	\$0
Total Revenue	\$20,868	\$0	\$8,372	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge.

Corrections Health MCIJ General Housing Dorms 4 - 11 is funded by county general fund. The program estimates to collect \$8,372 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051B Corrections Health MCIJ General Housing Dor

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 40-60 USM detainees are housed in the system daily. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Summary

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country.

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit which provides skilled nursing and protective isolation in house and preventing a stay in a hospital and much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	950	930	930	930
Outcome	Avg # of TB tests per month.	70	65	65	65

Performance Measures Descriptions

Performance measures reflect the entire facility.

Legal / Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health care professional and a right to receive that care is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$748,040	\$0	\$887,276	\$0
Contractual Services	\$234,340	\$0	\$90,673	\$0
Materials & Supplies	\$76,863	\$0	\$78,898	\$0
Internal Services	\$92,373	\$0	\$103,999	\$0
Total GF/non-GF	\$1,151,616	\$0	\$1,160,846	\$0
Program Total:	\$1,151,616		\$1,160,846	
Program FTE	6.90	0.00	7.80	0.00

Program Revenues				
Service Charges	\$18,226	\$0	\$11,202	\$0
Total Revenue	\$18,226	\$0	\$11,202	\$0

Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts nominal fees for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable disease testing are at no charge.

Corrections Health MCIJ Dorms 12-18 including Infirmary, is funded by county general fund. The program estimates to collect \$11,202 in medical fees that are included in the county general fund.

Significant Program Changes

Last Year this program was: 40051C Corrections Health MCIJ Dorms 12 - 18 and I

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics: One-Time-Only Request

Executive Summary

Program offer provides additional staff that supports OHP enrollment of jail clients, and provides additional nursing staff to further stabilize the program.

Program Summary

Corrections Health, Multnomah County Detention Center (MCDC) and Inverness (MCIJ) jail houses 1310 adults and is composed of two adult facilities. MCDC (448 beds) houses inmates who are most acute, along with all of the booking and releases. Approximately 40-60 US Marshall (USM) detainees are housed in the system daily. MCIJ (860 beds) houses inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses. This program adds additional staff to Corrections Health.

A 1.0 Eligibility Specialist to enroll inmates in the Affordable Care Act. In addition, this person will ensure all inmates who receive care in a hospital more than 24 hours will be enrolled, if eligible, for medicaid reimbursement by the hospital. We anticipate that will save Corrections Health about \$500,000 per year in outside medical costs. The Eligibility Specialist will work at both MCIJ and MCDC. A 1.4 FTE CHN will be hired for the day shift at MCDC. This allows more care to be given to inmates who are booked with increasingly higher medical acuity. Currently, there are only two day shift CHNs and a Lead in the clinic. This is very short staffing for an acute area. The .4 FTE position will also be used to fill vacancies which will decrease the amount of overtime and mandates that occur as significant costs to Corrections Health. The .4 FTE can be scheduled to work up to a 1.0 without incurring any overtime.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	The Eligibility Specialist will screen 100 inmates for OHP (Medicaid) eligibility.	n/a	n/a	n/a	100
Outcome		0	0	0	0
Efficiency	The CHN on day shift at MCDC will be able to complete 10 Medical Request Forms per shift.	n/a	n/a	n/a	10

Performance Measures Descriptions

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$203,406	\$0
Materials & Supplies	\$0	\$0	\$7,150	\$0
Total GF/non-GF	\$0	\$0	\$210,556	\$0
Program Total:	\$0		\$210,556	
Program FTE	0.00	0.00	2.40	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was:

Department: Health Department **Program Contact:** Kathryn Richer
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when a questionable death occurs in the community. ME staff are directly involved with the families, loved ones of deceased individuals, and the emergency response community, (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

Program Summary

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to an unknown illness, prescription medication, overdose, or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of deaths requiring investigation	2,316	2,200	2,350	2,380
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	75%	70%	77%	80%

Performance Measures Descriptions

Output: Number of deaths in Multnomah County that require investigations.

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

The outcome measure was effective FY13.

Legal / Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$916,997	\$0	\$926,977	\$0
Contractual Services	\$61,400	\$0	\$64,050	\$0
Materials & Supplies	\$12,093	\$0	\$14,731	\$0
Internal Services	\$67,364	\$0	\$89,183	\$0
Total GF/non-GF	\$1,057,854	\$0	\$1,094,941	\$0
Program Total:	\$1,057,854		\$1,094,941	
Program FTE	9.20	0.00	9.20	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: 40052A Medical Examiner

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40055, 40056, 40058A
Program Characteristics:

Executive Summary

Multnomah County Health Department is the only organization in the County to provide and support the Nurse Family Partnership Program (NFP). NFP is an evidence-based community healthcare program supported by extensive research documented from 25 years of implementation. NFP supports a partnership between low-income, first time mothers with a home-visiting Community Health Nurse to achieve the care and support they need to have a healthy pregnancy and provide competent care for their children and families. NFP serves 400 families per year.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and overall life stability. The Nurse Family Partnership Program (NFP) is a nurse home visiting program offered to first-time, low-income pregnant women through two Multnomah County teams, one team located in Northeast Portland, and one team located in East County. Home visiting services begin in early pregnancy and follow families up to their child's second birthday.

NFP consistently demonstrates improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness. Multnomah County has developed infrastructure that ensures fidelity to the NFP model and includes extensive staff training, reflective supervision, and rigorous evaluation support through the NFP National Service Office. In 2013 the two NFP teams served over 400 families. Current NFP teams have the capacity to serve 400 families a year in Multnomah County.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of families served	482	n/a	400	400
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	52%	50%	52%	60%
Quality	Client retention in prenatal phase of NFP program	75%	n/a	75%	80%
Quality	Client satisfaction	98%	95%	98%	98%

Performance Measures Descriptions

We changed our output performance measure from % of developmental screenings completed to number of families served in the NFP program. We also added a quality measure on prenatal client retention because retaining clients prenatally is an important metric on how well we are doing in the program overall.

Legal / Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,794,059	\$806,797	\$1,417,601	\$1,294,655
Contractual Services	\$84,919	\$483,129	\$406,847	\$22,756
Materials & Supplies	\$50,493	\$42,136	\$34,870	\$21,011
Internal Services	\$125,572	\$316,387	\$232,871	\$208,646
Total GF/non-GF	\$2,055,043	\$1,648,449	\$2,092,189	\$1,547,068
Program Total:	\$3,703,492		\$3,639,257	
Program FTE	15.15	6.00	11.92	10.20

Program Revenues				
Indirect for Dept. Admin	\$105,709	\$0	\$105,372	\$0
Intergovernmental	\$0	\$168,767	\$0	\$120,000
Other / Miscellaneous	\$0	\$13,516	\$13,516	\$0
Service Charges	\$0	\$1,466,166	\$0	\$1,427,068
Total Revenue	\$105,709	\$1,648,449	\$118,888	\$1,547,068

Explanation of Revenues

The Nurse Family Partnership Program (NFP) is funded by county general fund, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and 2) Targeted Case Management (TCM) for infants and children up to age 5 years.

Medicaid Target Case Management: \$1,015,868
 Medicaid Maternity Case Management: \$411,200
 OHSU CaCoon grant: \$120,000

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget details.

In FY14, three Community Health Nurses were re-assigned within Early Childhood Services and trained in the Nurse Family Partnership (NFP) model to begin consolidating home visiting work into existing best practice, outcome based, home-visiting models that MCHD already uses, and are unique in both health transformation and the developing Early Learning Council work. Multnomah County is the only agency in the County that provides NFP in the community.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40054, 40056, 40058A
Program Characteristics:

Executive Summary

Multnomah County Health Department is the only organization in the County that provides and supports CaCoon home visiting services. CaCoon is a nurse home visiting program providing care coordination for children birth through four years of age with special health needs and for families identified as high medical and social risk. CaCoon serves approximately 300 families a year.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and overall life stability. The Multnomah County CaCoon program serves families with children from birth to age four who have (or are at risk or having) a chronic health condition or disability. CaCoon care coordination services are offered by Community Health Nurses who are specially trained to care for children with special health needs. Since family members have a central role in the care of their child, all services are planned around the desires and concerns of the family. CaCoon children and their families often have very complex health and related needs requiring coordination across multiple systems of care. The CaCoon program helps families coordinate their child's care, develop care management skills, and link to appropriate services through home visiting. Multnomah County has one full CaCoon team located in East County with the ability to serve 300 families a year. Additionally, CaCoon Community Health Nurses provide technical support to all other Multnomah County home visiting programs for families enrolled in non-CaCoon programs in the event a child has a special health care need, and to families enrolled in the Mt Hood Head Start program, LifeWorks NW, and pregnant/parenting women involved in the corrections system as part of a multidisciplinary team including the Department of Community Justice.

Compared to Medicaid children without CaCoon, children that received CaCoon nurse home visits demonstrated significantly higher rates of immunizations, annual well-child visits, and annual dental care visits all resulting in potential Medicaid costs savings. CaCoon is recognized by the Association of Maternal and Child Health Programs as a promising practice and is part of a larger network of training, evaluation, and technical support through the Oregon Center for Children and Youth with Special Health Needs.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of families served by CaCoon	200	NA	300	300
Outcome	% of participants breastfeeding at 3 months	60%	NA	60%	60%
Quality	Completion of 6 mandatory assessments as directed by State program for families seen more than 3 times	NA	NA	NA	95%
Quality	Client satisfaction	98%	NA	98%	98%

Performance Measures Descriptions

These are new measures and therefore lack figures for several fields. Measures accurately reflect the quality of CaCoon work, and include number of families served by CaCoon staff, the % of participants breastfeeding at three months, completion of mandatory assessments to ensure fidelity to the CaCoon model, and client satisfaction.

Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$813,052	\$1,345,198	\$289,459	\$1,074,617
Contractual Services	\$291,998	\$167,671	\$518,489	\$45,611
Materials & Supplies	\$17,923	\$33,284	\$19,943	\$53,329
Internal Services	\$186,350	\$271,402	\$304,581	\$143,075
Total GF/non-GF	\$1,309,323	\$1,817,555	\$1,132,472	\$1,316,632
Program Total:	\$3,126,878		\$2,449,104	
Program FTE	6.89	10.51	3.12	8.20

Program Revenues				
Indirect for Dept. Admin	\$116,553	\$0	\$89,678	\$0
Intergovernmental	\$0	\$192,850	\$0	\$120,499
Other / Miscellaneous	\$0	\$0	\$6,758	\$3,333
Service Charges	\$0	\$1,624,705	\$0	\$1,192,800
Total Revenue	\$116,553	\$1,817,555	\$96,436	\$1,316,632

Explanation of Revenues

CaCoon is funded by the following:

Medicaid Target Case Management: \$1,192,800
 State Local Public Health Authority- Babies First: \$83,500
 Mt Hood Community College Head Start: \$37,000
 Lifeworks CHN contract: \$3,333

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.

Legal / Contractual Obligation

Healthy Families of Multnomah County must comply with Healthy Families of Oregon policies and procedures, which are based on Healthy Families America (HFA) credentialing standards and contract obligations. Failure to comply may result in disaffiliation with HFA and withholding of funding from the State.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$774,484	\$464,574	\$461,456	\$453,829
Contractual Services	\$458,589	\$951,864	\$560,155	\$1,016,456
Materials & Supplies	\$46,027	\$6,444	\$26,083	\$143
Internal Services	\$149,133	\$7,123	\$156,189	\$145,921
Total GF/non-GF	\$1,428,233	\$1,430,005	\$1,203,883	\$1,616,349
Program Total:	\$2,858,238		\$2,820,232	
Program FTE	6.80	6.10	4.64	5.59

Program Revenues				
Indirect for Dept. Admin	\$5,443	\$0	\$110,091	\$0
Intergovernmental	\$0	\$1,430,005	\$0	\$1,616,349
Total Revenue	\$5,443	\$1,430,005	\$110,091	\$1,616,349

Explanation of Revenues

Healthy Families is funded by:

State Healthy Start: \$1,350,272

Early Home Visiting grant: \$266,077

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics. Healthy Families of Oregon (HFO) is expanding services from first-birth families to include subsequent-birth families, increasing the number of potential families Welcome Baby will screen. To respond to this change, HFMC is adjusting its screening practices to target at-risk families. In addition, MCHD will pursue development of a more culturally adaptable home visiting model to better serve immigrant and refugee families. MCHD will issue an RFP process to identify subcontractors to deliver these services. The reduction in families served reflected in the current year estimate and next year offer (600) compared to previous year actual (695) is due a reduction in funding.

Department: Health Department **Program Contact:** Jessica Guernsey
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs:
Program Characteristics:

Executive Summary

The Future Generations Collaborative (FGC) is a coalition among American Indian and Alaska Native community members, Native-serving organizations, and government agencies to increase healthy pregnancies and healthy births and strengthen families in American Indian and Alaska Native communities.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. In Multnomah County, one in five births to American Indian and Alaska Native women results in a poor birth outcome. The historical trauma experienced by Native people has set the stage for poor birth outcomes and associated long-term health outcomes, and has hindered partnerships between Native communities and government agencies. The Future Generations Collaborative (FGC) is a culturally specific effort to reduce serious health inequities experienced by Native communities, especially birth outcomes related to Fetal Alcohol Spectrum Disorders.

The FGC has adopted a trauma-informed collaborative process that emphasizes partnership among community members, Native-serving organizations, and government agencies. This community-led effort aims to heal the root causes of health inequities experienced by Native communities. Public health and county government's commitment to this community-led partnership and healing process makes FGC unique. The project consists of four Phases. Phase 1: Initial Planning, Partner Recruitment, and Relationship Building; Phase 2: Partnership Building and Community Engagement; Phase 3: Action Planning; and Phase 4: Organizing Community Commitments. Phases 2-4 were funded by the Northwest Health Foundation through a grant focusing on Community Capacity Building. The project is currently in Phase 3. Since its start in 2011, the FGC has achieved several successes, including securing funding from Health Share of Oregon, preparing for and hosting the Gathering of Native Americans (GONA) in January 2014, and being accepted into the National Leadership Academy for the Public's Health, a training academy funded by the Centers for Disease Control and Prevention. The work of the FGC aligns with all three goals of the first strategic priority of the Health Department's Strategic Plan, to improve health outcomes and health equity.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	3 capacity building trainings addressing root causes of Fetal Alcohol Spectrum Disorders are conducted	n/a	n/a	3	3
Outcome	90% of Native community members attending trainings increase awareness of Fetal Alcohol Spectrum Disorders	n/a	n/a	90%	90%
Quality	50% of local Native serving agencies participate in the collaborative	n/a	n/a	50%	50%

Performance Measures Descriptions

This is a new program offer and the measures are directly linked to the FGC Collaborative work-plan for the coming year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$9,030	\$60,475	\$5,306
Contractual Services	\$0	\$17,200	\$62,812	\$54,067
Materials & Supplies	\$0	\$10,414	\$3,840	\$1,699
Internal Services	\$0	\$3,356	\$0	\$0
Total GF/non-GF	\$0	\$40,000	\$127,127	\$61,072
Program Total:	\$40,000		\$188,199	
Program FTE	0.00	0.10	1.00	0.00

Program Revenues				
Indirect for Dept. Admin	\$2,565	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$0	\$61,072
Other / Miscellaneous	\$0	\$40,000	\$0	\$0
Total Revenue	\$2,565	\$40,000	\$0	\$61,072

Explanation of Revenues

Future Generations Collaborative is funded by county general fund and \$61,072 grant from Health Share of Oregon.

Significant Program Changes

Last Year this program was: 40013A Early Childhood Home Based Services

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.

Department: Health Department **Program Contact:** Rachael Banks
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Proposed
Related Programs: 40054, 40055, 40056
Program Characteristics:

Executive Summary

The Healthy Birth Initiatives Program (HBI) improves birth outcomes and the health of approximately 125 families, mothers and fathers in the African American community, helping children get a healthy start in life. For 15 years, the Healthy Birth Initiatives Program (HBI) has improved birth outcomes in the African American community using a culturally-specific model that addresses the underlying causes of this problem. HBI participants have demonstrated lower rates of infant mortality and low birth weight and higher rates of early prenatal care compared to African Americans not enrolled in the program.

Program Summary

Research shows the conditions of early life have a profound impact on long-term health and stability. The African American community experiences the most severe disparities across the spectrum of perinatal health, including a rate of low birth weight at twice that of White non-Hispanics. African American babies in Multnomah County are born too soon, too small, and die too early. These are some of the worst health disparities in the county, and therefore MCHD recognizes the work of HBI as part of our core public health mission.

HBI uses a family-centered approach that engages mothers, fathers, and other caretakers in supporting a child's development. Components of HBI include case management, health education, community engagement, service coordination, and collective impact. HBI uses a tiered case management model to best meet individual families' needs. Case management begins in early pregnancy and continues through the child's second birthday, and includes family planning support and screening/referral for issues such as depression, intimate partner violence, and child development. Home visiting is a key feature of HBI's case management component. Home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, and other outcomes. Health education includes one-on-one interactions, groups, and community-and agency-level education on such topics as breastfeeding and safe sleep, which are shown to improve health. HBI engages the broader African American community through the Community Consortium, a consumer-run group that includes leadership development, community mobilization, and strategic planning for systems-level solutions. Also, HBI provides transportation and childcare to enrolled families to increase access to healthcare and reduce barriers to participating in HBI programming.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Number of families served	136	120	150	125
Outcome	% of mothers initiating breastfeeding after delivery*	86%	NA	95%	95%
Quality	% of participants who remain in program until child is two years-old**	NA	NA	79%	80%
Quality	% of participants who express satisfaction with cultural specificity of program**	NA	NA	84%	87%

Performance Measures Descriptions

*This new measure lacks a figure for current year purchased.

**This new measure lacks figures for current year purchased and previous year actual.

Legal / Contractual Obligation

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health. Targeted Case Management requires matching local funds.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$511,289	\$2,317	\$985,583	\$102,347
Contractual Services	\$130,061	\$15,000	\$112,530	\$59,106
Materials & Supplies	\$13,362	\$3,000	\$19,151	\$30,962
Internal Services	\$123,105	\$212	\$50,338	\$170,273
Total GF/non-GF	\$777,817	\$20,529	\$1,167,603	\$362,688
Program Total:	\$798,346		\$1,530,291	
Program FTE	5.77	0.03	10.23	1.00

Program Revenues				
Indirect for Dept. Admin	\$162	\$0	\$24,703	\$0
Intergovernmental	\$0	\$5,529	\$0	\$0
Other / Miscellaneous	\$0	\$15,000	\$0	\$0
Service Charges	\$0	\$0	\$0	\$362,688
Total Revenue	\$162	\$20,529	\$24,703	\$362,688

Explanation of Revenues

Healthy Birth Initiative is funded by:
 Medicaid Targeted Case Management: \$284,568
 Medicaid Maternity Case Management: \$78,120

Significant Program Changes

Last Year this program was: 40013B Early Childhood Home and Community Based Se

Maternal, child, and family health programs previously combined in program offers 40013A & 40013B have been separated in order to provide more clarity regarding individual program goals, deliverables, performance measures, and budget specifics.

Healthy Birth Initiatives (HBI) is at risk of not receiving another year of funding through the Health Resources and Services Administration (HRSA) due to changes in grant guidance that advantage large urban populations. Funding this program offer allows MCHD to continue to provide services to families currently enrolled in HBI.

Department: Health Department **Program Contact:** Nancy Griffith
Program Offer Type: Innovative/New Program **Program Offer Stage:** As Proposed
Related Programs: 40050-40051
Program Characteristics: One-Time-Only Request

Executive Summary

Corrections Health Mental Health Pilot adds 3 shifts of mental health personnel to provide 24/7 suicide watch coverage. This will improve the quality of care for the mentally ill inmates in jail, reduce Multnomah County Sheriff's Office (MCSO) costs and create efficiency for the court system.

Program Summary

This program offer will allow Corrections Health to have a mental health consultant available for 24/7 suicide watch coverage.

Currently when someone is placed on suicide watch after 10 p.m. there is no Mental Health staff to see them until 9 am or later the next day. This necessitates having two additional shifts of MCSO deputies watching the inmate. Additionally, the person will appear in court the following day for an arraignment but it is difficult for the judges to make a decision about release because the person has not yet had a mental health assessment. This forces the judge to rule on the legal charges, then Corrections Health must see the client before release to assess if they need to be transported to the hospital. This delays release, and generates additional costs for the courts and MCSO.

Finally, having a Mental Health Consultant in booking during the night time hours would allow us to develop transition plans for the many mental health clients that are released during those nighttime hours, helping to improve safety for the client and the community.

Performance Measures

Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer
Output	Avg number of mental health evaluations per shift.	0	0	0	10
Outcome	Reduction in number of inmates who remain on active suicide watch per day.	0	0	12	9

Performance Measures Descriptions

We do not want to discourage staff from placing inmates on suicide watch, but the mental health staffing should allow us to evaluate inmates and appropriately release those who don't need to remain on active suicide watch. Currently we have on average 12 people per day who remained on active suicide watch for longer than 24 hours.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$0	\$0	\$373,820	\$0
Materials & Supplies	\$0	\$0	\$12,000	\$0
Total GF/non-GF	\$0	\$0	\$385,820	\$0
Program Total:	\$0		\$385,820	
Program FTE	0.00	0.00	4.20	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last Year this program was: